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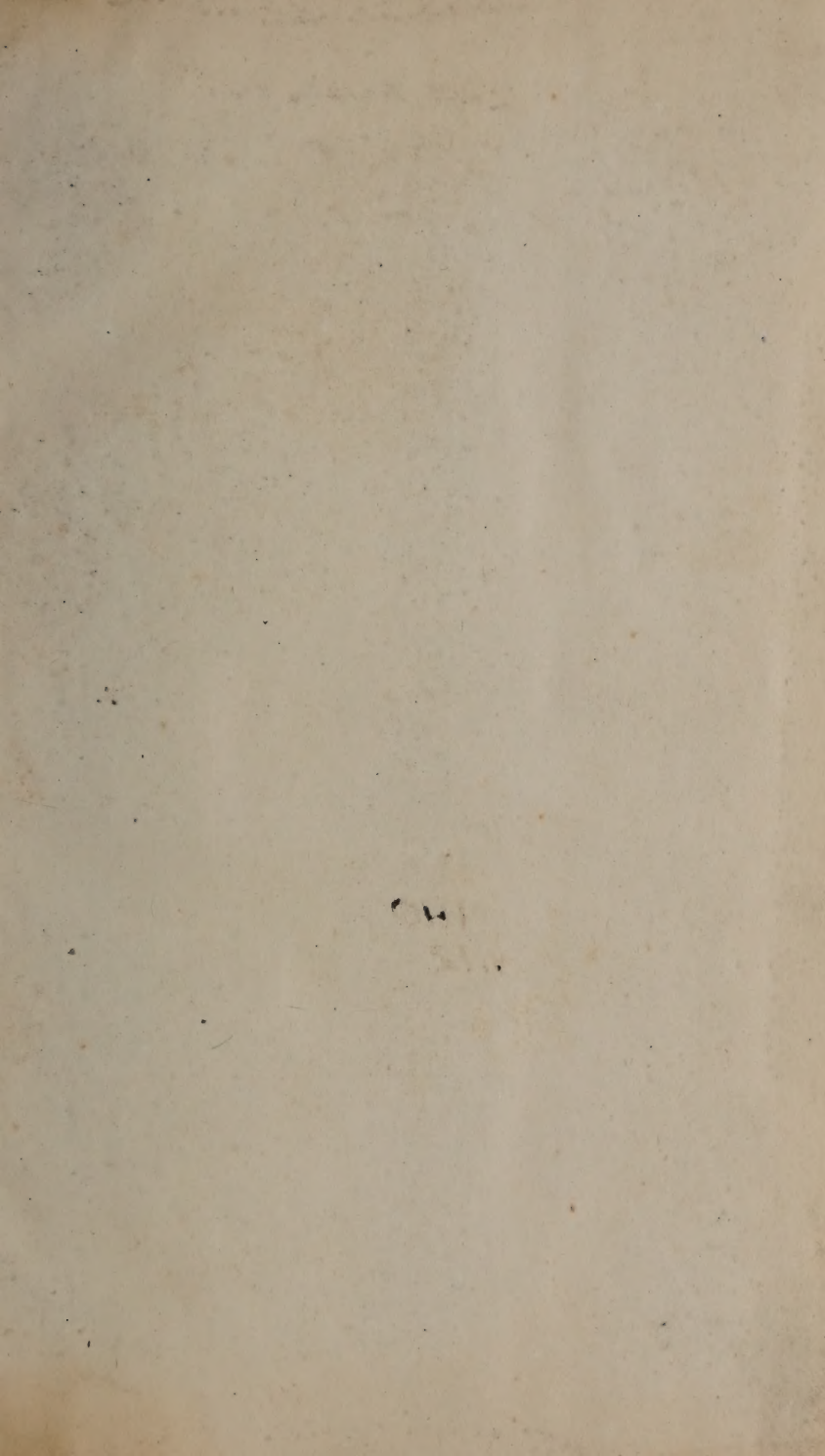
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THE AMERICAN OBSERVER

MEDICAL MONTHLY:

DEVOTED TO

HOMŒOPATHIC MATERIA MEDICA,

SURGERY, PRACTICE OF MEDICINE,

DISEASES OF WOMEN AND CHILDREN,

OBSTETRICS, PATHOLOGY, MEDICAL JURISPRUDENCE, MICROSCOPY
PHYSIOLOGY, POSOLOGY, CHEMISTRY, TOXICOLOGY,
BOTANY, AND HYGIENE.

"IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS."

NEW SERIES—VOLUME II.

FROM BEGINNING, VOL. XII.

DETROIT, MICHIGAN :

PRINTED AND PUBLISHED AT LODGE'S HOMŒOPATHIC PHARMACY,
57 and 59 Wayne street, between Jefferson ave. and Larned street.

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Introductory.

COMMENCEMENT OF TWELFTH VOLUME

BEING SECOND OF NEW SERIES.

We desire to say a few things to our readers in commencing our labors for the *Twelfth* year. And these matters we would present in that familiarity which is the privilege of an old friend. Only a small portion of our readers have we looked upon face to face, but we are glad to know that the monthly visits by our Journal to the offices of thousands of physicians year after year, has been welcome.

FOR THE NEW YEAR,

According to new Postal arrangements we shall be enabled to send the *American Observer* to all our subscribers in the United States

POSTAGE PREPAID.

There will also be several changes which will enhance the value of the Journal, but there will be

NO INCREASE IN PRICE.

Our efforts have been long continued, and our readers have remarked the steady improvement in the character of our publication from month to month for eleven years. Have not our past efforts and past improvements given a promise of greater usefulness in the future? If so, may we not ask *all*

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our subscribers to assist in extending the benefits of the Journal to others?

If one-half of our present readers will take the trouble of showing the *Observer* to physicians and friends, not now subscribers, *giving it such commendation as they deem it deserving of, and ask them to subscribe*, we will not only deduct 20 per cent. of the amount of subscriptions so received, but tender to them an expression of gratitude for their efforts. Is not this practicable? Have we not by eleven years of persistent effort for the advancement of Homœopathy, earned in a measure some such recognition, and will not our friends thus enable us to do still more to bring the *Observer* up to the standard of excellence that we all so much desire.

Our January number contains a large amount of the most interesting and practical matter:—

The *Surgical* Department has a full description of Dr. Seeger's Portable Steam Nebulizer, a new and valuable apparatus; an account of a new instrument of Dr. Richardson's, his tooth-cutting scissors; a new antiseptic dressing prepared with Boracic acid, &c.

The *Materia Medica* Department is enriched by a valuable lecture of Prof. Hoyne on Veratrum Album, and we are glad to be able to announce that this will be succeeded by other well prepared lectures. *Materia Medica* has received special attention heretofore, and we do not intend that it shall be deficient hereafter.

Our *Foreign Translations*, by Prof. Lilienthal, will form a prominent portion of the *Observer* for 1875, and the present number contains some of the very best of these invaluable contributions. His translations have given us the cream of European homœopathic literature, and it is gratifying to know that they have been among the most acceptable articles we have published. Particular attention is invited to a very fine lecture upon "*The Acute Tumor of the Spleen, and its relation to Acute Infectious Diseases*," by Prof. N. Friedreich, which will be found on page 52.

In *Materia Medica of New Remedies*, Prof. Hale has heretofore given us special assistance. Our February number will contain a fine article from his pen on *Digitaline*, to which we invite the attention of our readers.

The *Gynæcological* Department has been well edited by Dr. Blakeley, and the new year will prove that he has special qualifications for this post. The present number contains several articles of merit—

“Constriction of the Vagina,”—on page 31.

“Leucorrhœa and Displacements of the Uterus,”—page 34.


“Sub-Involution of the Uterus,”—page 37.

The *Practice of Medicine* will be a leading feature of the new year, and Dr. C. P. Hart has engaged to give us a series of articles, which when completed will make a work on Practice of special value.

Clinical Observations, have been printed with a measure of regularity, and the new year will show that we made no mistake in giving the editorial charge of this department to Prof. Colton.

In *Pædonosology*, the fluent pen of Dr. Thomas Nichol will still be in requisition, and the papers which have evinced such careful thought, research and elaboration will be regularly continued.

Medical Students will be particularly benefited by a series of *Letters* to them which are commenced in the present number. These have been prepared by one of our best writers.

 Twenty per cent. discount on price of *Observer* will be made to medical students, so that all they will have to pay will be \$2 net, in advance.

In *Climatology*, we shall present in the February number an elaborate paper by Bela Hubbard, Esq., on the “Climate of Detroit, Michigan,” appropriately illustrated, and this will be succeeded by other scientific papers.

Veterinary. This is a *new* department to which a small space will be allotted for practical articles on the treatment of

the diseases of the domestic animals, particularly those of horses. The present number contains a good article on *Farcy and Glanders*, by Dr. E. C. Price.

Advertisements of all kinds will be restricted to the cover and advertising sheets. Advertisers cannot induce us to give up our regular reading-matter pages to advertisements, no matter what price is offered ; neither will we admit advertisements of quack medicines or nostrums in our advertising pages.

Reports of Colleges, Societies, Personal Notices, Medical Intelligence, etc., will receive as much space and attention from time to time as may be deemed most acceptable to the majority of our readers.

The *Classified Index* for the first series of ten volumes was prepared with particular care, and has been commended for its convenience and accuracy. We have a few copies left ;—the price is one dollar, but we will send it *free* to any of our old subscribers who have not received it, upon receipt of their subscriptions for the new year.

"Too Scientific"—*"Too Popular."* One old friend of the *Observer* says it has become "too scientific"—another that it is "too popular." Which is right, or are both mistaken? We shall still aim to present for the profession the most readable and practical Medical Journal published.

ACKNOWLEDGEMENT.

We desire to repeat an expression of gratitude to our efficient co-Editors for the assistance which has helped us to bring the Journal up to its present condition, and for the promise of their continued aid which will enable us to do better hereafter. We thank all our writers and subscribers who have held up our hands, and crave from them also a continuance of that hearty support which has so far encouraged us.

CONTROVERSIAL ARTICLES.

We expect to pursue the same liberal course in the future that has marked our publication from its commencement.—

We shall not give preference to controversial papers, but no writer who states his views courteously and intelligently will be refused a hearing, no matter how much his teaching may differ from our own. We believe in freedom of discussion, and practice our belief. We can afford to allow both sides to be fairly represented.

ORGAN OF THE PROFESSION.

There have been a few *exclusives* who were offended at the liberality of the *Observer*; at first, they were for ignoring it altogether; then they tried to hinder its progress by misrepresentation; finally, they have been compelled to acknowledge that it not only exists, but that it is futile to attempt to stop its "*forward, march!*" Some we are delighted to say, have become its warm friends; and we now have the largest list of subscribers of any of the Homœopathic Journals.

We say once again, the *incontestable fact remains, that on the appearance of the first number of the OBSERVER the profession asked for its continuance, and that they have PAID for the publication of its 133 monthly numbers!* Wherefore, it is much more the organ of this profession than those Journals which have been published, not at the demand of our physicians, but to gratify the supposed wants of Colleges, who thought they must each have an organ to represent them.

TO OUR CORRESPONDENTS.

We hope to retain all our old correspondents, and to secure many new ones for the time to come.

REJECTED MSS. NEVER DESTROYED.

We accept all communications that can be used to advantage, and never treat our writers with the discourtesy that is often shown in destroying MSS. which does not answer the Editor's purposes. We preserve all MSS. that is received, make use of every fairly written paper, and return to the writer all *declined* matter whenever requested to do so.

PROMPT REMITTANCES

of subscriptions will greatly favor us.

GREETING.

We send out our January number with cordial greeting to all our professional friends. We pray that the New Year may be rich in blessing to every one of them ; that there may be a larger degree of success attending our efforts ; that the cause we love may prosper more and more ; that with fidelity to principle there may be kindness in every advocacy ; the coolness of the scientist, the courage of the hero, and gentleness, like that of the Great Healer ; that our Educational Institutions may fully qualify a large number of young practitioners ; that the places calling for fully equipped physicians may be supplied ; that our National Society may become still more popular ; that every State may fully organize for fraternal coöperation ; that unprofitable discussions may cease, and all our forces band together under the flag *SIMILIA* ; that new recruits from allopathy may be received into the ranks of *our* profession ; and finally, that we may still find a place in the vanguard and be enabled to make *this* Journal an efficient aid, in every practicable direction, with words of wisdom, the alacrity of zeal, and the spirit of love.

E. A. L.

Surgical Observations.

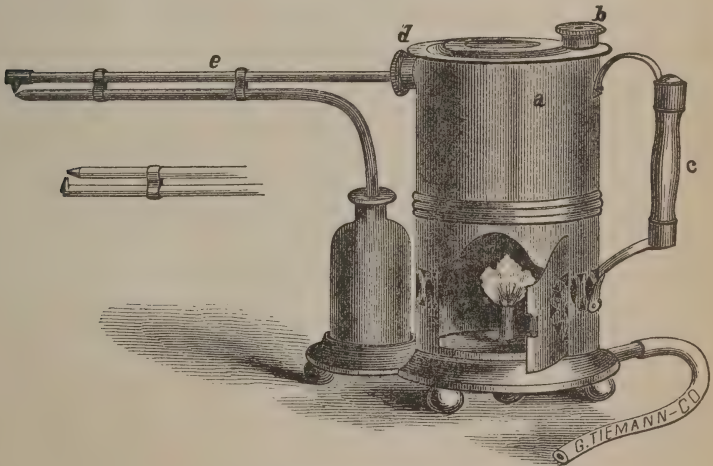
BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

PORTABLE STEAM-NEBULIZER:

For the Administration of Simple and Medicated Vapors, in Catarrh and other Affections of the Nasal Cavities; Acute & Chronic Diseases of the Throat, Bronchial Tubes & Lungs.

BY F. SEEGER, M. D., NEW YORK CITY.

This apparatus is based upon the principles of Siegle (*Royal Patent*), London Apparatus. Various features of the Siegle apparatus, which it is not necessary to point out in this paper, curtail its usefulness very much. It is also very expensive, the Royal patented costing somewhat over \$25,00.



DR. SEEGER'S NEBULIZER.

My apparatus is constructed with a view to portability, the intention being to make it readily adaptable for both office and out-door practice. This latter comprehends its use at the

bedside, and in certain forms of disease requires that the apparatus be so constructed as to permit the medicated (or simple) vapor being administered to the patient in the recumbent position. No apparatus that I have yet seen offered for sale by instrument makers, nor any described in the works of Waldenburg, Lewin, Siegle, Fournie, and other authorities in this department of medical science, is so constructed as to permit of *easy and effective* use at the bedside when the patient is in the recumbent position. In my apparatus this is corrected by substituting a lengthener so arranged as to throw the nebulae downward. This will be more clearly understood by reference to the illustration.

The apparatus consists of a boiler (*a*) so constructed as to be capable of withstanding a great deal of pressure, with the additional security of a safety-valve at (*b*); (*c*) is insulated handle. At (*d*) is the point of attachment for the atomizing tubes. The cut depicts the apparatus with the long tube (*e*) attached. It is to this tube that I desire to draw particular attention.—I have not met it in any apparatus heretofore devised. As will be seen the tube must run to a distance from the apparatus if used. The object of this is to permit of the apparatus being placed upon a table at the patient's bedside, the tube by its projection permitting the vapor being thrown directly upon the patient's mouth. All other apparatus having only the common Bergsen tubes, and which in consequence throw the vapor in a direct line must, as a consequence, give rise to a great difficulty in using at the bedside.

In the first place the direction of the inspiratory column of the patient and the deviation of the vapor being at right angles, the vapor as a consequence shoots across the patient's mouth. This is productive of a number of inconveniences which seriously impair the value of the inhalations. In the first place the line of the vapor being a right angle to the line of the patient's breath a large amount of the vapor is wasted, while on the other hand that which is caught by the inspiratory current, through the deflection thus caused loses both in quality and effects. As I myself have observed its effects are

impaired because of the deflection tending to produce condensation of the nebulæ, and where this results there is, as a consequence, a greater tendency of the vapor to deposit itself in the mouth and fauces, so that but a small amount really reaches the pharynx and larynx.

The cut representing my apparatus will clearly exhibit the advantage which the long tube (which for purposes of distinction we will designate the croup-tube) affords. In the first place, by its length it permits of being placed on the table at the side of the bed; and furthermore, its arrangement is such as to throw the vapor downward and directly upon and into the patient's mouth, and of course in a line with a current of inspiration.

If the apparatus is to be used in the office, or with a patient well enough to sit up (either in a chair or bed) the tubes in general use, the so called straight Bergson tubes should be used. The point of attachment (*d*) has been so arranged as to permit of any form of tube being used by simply screwing in the one desired. At (*f*) is the bottle to contain the medicated solution. Still another feature of my apparatus is its adaptability for country or city practice—for gas or a spirit lamp. If a spirit-lamp is to be used the gas burner has only to be unscrewed. At (*g*) we have the tube for connecting with the gas. As will be seen, the whole apparatus is so connected that when *all* the different portions are in *situ*, there need be no fear of any one portion falling off. The lamp or burner for heating the boiler is also so protected as to effectually remove all fear of the bed clothing being set on fire.

Finally the apparatus, because of its portability and ease of management, as well as its moderate cost, (less than one-half the Royal Patent) makes it also a desirable acquisition in private families where there are children. A family having one of them may readily learn its use, and may at any time in the night or day, in cases of children taken with croup, in a brief time set the apparatus in operation, and in a very short time after be administering the warm medicated vapor. There need be no hesitation in resorting to the simple (unmedicated)

steam nebulæ. It in itself is one of the most efficacious agents in croup, as has been proved by bedside experience—Siegle employs it extensively to promote secretion, to dilute mucus and to facilitate its detachment from the mucous membrane of the air passages. It forms a most grateful means of affording relief to sufferers with croup; and even in diphtheria, single vapor may do much good. At any rate I believe families will always be doing much good by resorting to its use until the physician arrives. After his arrival the responsibility rests upon him. In croup it clearly promotes the detachment and expectoration of the membrane, by supplying watery material and retarding evaporation in the formation of false membrane.

It is with great pleasure that I observe a growing tendency on the part of the profession to give greater attention to the treatment of the diseases of the nasal, air passages and lungs by inhalations. In my own private practice, embracing as it does cases of all forms of nasal, throat, and respiratory affections, I have learned to value inhalations more and more. In the treatment for instance of that *bête noir* of medicine, *chronic catarrh* of the nose, I have abandoned the nasal douche entirely. Not only have I found the medicated nebulæ far more effectual than the douche has been or ever can be, but there are none of the dangers of the douche. It is now well known among the profession that the use of the douche *has caused* severe and frequently incurable forms of diseases of the ear. Even in catarrh for which it has been so much lauded, my experience has satisfied me long since that its influence is hardly even palliative. I have had cases of catarrh of the nose, in which there was the greatest depression of mind, caused by the excessive obstruction of the nose, relieved by the *first* inhalation, and the patient, with a sigh of relief, expressed the greatest satisfaction.

In diphtheria, croup, pharyngitis sicca, or granulosa; in the varied forms of chronic throat disease, in asthma, bronchitis, hay fever, and in diseases of the lungs, inhalations of medicated vapors may be resorted to with confidence

Like other methods, however, the applicability of the various forms of medicated vapor to the manifold forms of disease requires careful study. Irreparable harm may be done by ignorance as to the applicability of the various medicinal agents. The greatest ignorance also prevails as to the method of administering an inhalation. I have been amused and provoked to find physicians of deserved reputation for skill commit the most stupid blunders.

In administering inhalations for disease of the nasal cavities the patient should sit with his nose at a distance of an inch-and-a-half to three inches from the point of the atomizing tubes, and with mouth closed so as to inhale the vapor by drawing it with some force through the nose. If properly done the vapor will be drawn through the nose and striking the pharyngeal wall, it will condense and trickle down to be expectorated through the mouth. The value and importance of this, where the disease involves both the nasal cavities and pharynx, is too evident to require further comment at present.

Where the inhalations are to be given through the mouth, the patient should sit with the mouth well opened before the apparatus, and should protrude the tongue, keeping its point well down. If the inhalations are for disease of the pharynx the inspiration should be but moderately forcible and deep. For the larynx and air tubes, they require vigorous and full inspirations, but by no means should they be laborious.—The same directions apply to where inhalations are for diseases of the lungs.

TOOTH-EDGED CUTTING SCISSORS

OF DR. B. W. RICHARDSON.

This English instrument is designed to prevent bleeding from the small vessels of any vascular part on which an operation has to be performed, and which often result in copious and continuous loss of blood, from these vessels too small to tie, and in localities where we do not care to bruise the part by means of the principle of torsion of arteries with the tor-

sion forceps. They may prove useful in removing protruding hæmorrhoids, &c. The way the bleeding is prevented is by the teeth of the scissors producing a piercing, crushing and twisting all at the same time on the parts cut, but not extending a bruised result to the surrounding tissues as in torsion of arteries. They are constructed as follows:—

“The scissors are of the ordinary construction in all respects except in the cutting edges. The cutting edge each blade, instead of being even and sharp, it is divided into finely pointed-teeth, each tooth being directed with a slight inclination towards the handle of the scissors. When the blades meet the teeth cross each other, and as they pierce any structure that may lie between them, they crush also between their surfaces.

If a piece of moderately firm substance be placed between the blades—a piece of paper or of thin card, for example—the scissors perforate it in a series of perforations resembling what is seen in the postage stamp—that is to say, they do not cut clear through the substance so as to leave it in two distinct parts at once. A little lateral or half-rotating movement of the closed blades is, however sufficient to tear thro’ the still connected lines of substance and to complete the separation. The same occurs if the substance placed between the blades be a portion of soft animal structure, only that more force is required in the lateral or rotating movement to cause complete separation. The parts punctured are crushed between the teeth, and are separated by the twist or torsion.”

BORACIC ACID: A NEW ANTISEPTIC DRESSING.

At a meeting of the Edinburgh Medico-Chirurgical Society (*Edinburgh Med. Jour.*—*London Med. Rec.*) Professor Lister made a communication on a case of rodent ulcer, and a new antiseptic dressing suitable for such cases. The ulcer was large, on the face of a man of forty years of age, and

presented the characters of smoothness of the surface of the sore, with scantiness of discharge, and a definite but very narrow border of surrounding induration, free from inflammatory appearance, with painlessness, perfect general health to the patient, and absence of any affection of the lymphatic glands, although the disease had existed for eight years. The sore having been removed by the knife, presented on section an indurated base from 1-20 to 1-8 inch in thickness, of pink homogeneous aspect, and destitute of the ordinary appearances of epithelioma, but presenting in a well-marked form the "prickle-cells" of Max Schultze, which indicated that, in this instance at least, the rodent ulcer was a variety of epithelioma. As in the case of epithelioma generally, the cells presented their characters in an exaggerated form; and specimens of the "prickle-cells" with large nuclei and interdigitating processes locking cell to cell, were exhibited under the microscope.

The disease involving a large extent of the cheek, both eyelids, both nostrils, a considerable portion of the upper lip and part of the lower one, it was impossible to cover the raw surface by a plastic operation. It was therefore of importance that efficient antiseptic means should be employed. But the antiseptic dressing usually employed, consisting of gauze impregnated with Carbolic acid and a layer of prepared oiled silk interposed to protect the raw surface from the irritation of the acid would have been unsuitable here, because putrefaction would have spread from the mouth and nostrils beneath the "protective," which, while it excludes the irritation of carbolic acid, prevents in an equal degree the penetration of its antiseptic virtue.—In cases like the present, where causes of putrefaction cannot fail to gain access to some part of the wound, the antiseptic must be applied directly to the divided tissues, while at the same time it is desirable that it should be as little irritating as possible, so as not to interfere with cicatrisation.

These conditions were fulfilled very satisfactorily by means of an ointment composed as follows:—

Boracic acid in fine powder, one part; White wax, one part; Paraffin, two parts; Almond oil, two parts. The ingredients, after being mixed by melting wax and paraffin, are stirred in a warm mortar till the mass thickens, and then set aside to cool, after which the firm substance is reduced in a cold mortar, in successive portions, to an uniform soft ointment.

This is spread thin on fine rag, and when the almond oil

leaves it, as it soon does through capillary attraction of the porous external dressings, a smooth firm layer remains, consisting of blended wax and paraffin, together with the Boracic acid, which comes off from the skin without leaving any greasy substance adhering, and does not at all confine the discharge, which, while freely shed, is perpetually supplied with a sufficient quantity of the Boracic acid to ensure absence of putrefaction, while not preventing cicatrisation.

Such was the dressing employed in the present case, and it was beautiful to see the large raw surface, though involving sensitive structures, yet perfectly free from surrounding redness or puffiness, while the patient, except for a short time during the day of the operation, experienced no uneasiness whatever.*

By slightly modifying Professor Kolbe's process we are now prepared to supply the acid in a state of perfect purity at a very moderate price. Salicylic acid while possessing very remarkable antiseptic power, is even less irritating than Boracic acid.

Dr. Chiene had found Boracic acid a most excellent antiseptic and deodoriser. He had used for eighteen months an ointment, consisting of one part of finely powdered Boracic acid to two parts of the simple ointment of the Pharmacopœia. He had also used the Boracic powder mixed, in the same proportion as in the ointment, with fuller's earth, China clay or kaolin, and starch. In superficial abrasions and excoriations, in eczematous and prurigous eruptions, these powders were most efficacious.

Dr. G. W. Balfour found that cases of eczema, rupia, bed-sores, etc., made rapid progress under the Boracic ointment, and that, in some very obstinate cases, a perfect recovery had eventually taken place.

Dr. Matthews Duncan, nearly a year ago, had been told by a patient of the very great relief she had obtained by the use of Boracic acid ointment in prurigo; since then, in many other cases, he had seen much advantage from its use.

* It may not be out of place to mention here, that a still better application for cases of this kind is presented by an ointment composed like that above described, except that instead of one part of Boracic acid, it contains half the quantity of Salicylic acid, the antiseptic virtues of which have been quite recently discovered by Professor Kolbe, of Leipzig, who has found out a method of manufacturing it cheaply.—*Vide Journal für Praktische Chemie*, 1874.

ONYCHIA MALIGNA AND INGROWING NAIL FINGERS.—Both of these troubles can be relieved by the local application of powdered Nitrate of Lead, to the inflamed and ulcerated part. But few applications are needed, about once in three or four days. The projecting edge or edges of nails should first be clipped away.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY, EDITOR.

VERATRUM ALBUM.

BY T. S. HOYNE, M. D.*

Gentlemen and Ladies :—We shall to-day briefly consider that most important remedy, *Veratrum alb.*, or white hellebore. It is thus spoken of by the 'regular school' :—

"White hellebore is a local irritant. In moderate doses it stimulates the secretions and depresses the pulse. In larger doses it is a violent emetic and cathartic. It is an ancient remedy, now, however, from its severity of action, comparatively little used. Dose: gr. ii, to begin with."

In regard to Veratria, the active principle of Verat. album, it is stated that in excessive doses "it is a violent poison producing tetanic symptoms; it is without narcotic action on the brain, producing death from paralysis of the spinal cord.—Stimulants and etherial inhalation would be the proper treatment in cases of poisoning. It has been used internally in nervous disorders, dropsies, rheumatism, &c., in doses of 1-12th to 1-16th of a grain repeated; but it is most used externally in the form of an ointment, or dissolved in alcohol, as an application to rheumatic and neuralgic parts."

In homœopathic practice its chief use has been in the treatment of the various forms of bowel complaints, diarrhœa with vomiting, Asiatic cholera, abdominal typhus, dysentery, &c., although it is often indicated in whooping-cough, intermittent fever, and some few other affections.

Homœopathic antidotes are Aconite, Camphor, Coffea.

Dr. Bayes says: "this is an excellent medicine in general debility with blue hands and cold feet. It is a medicine often

* Extract from a lecture delivered before class of Hahnemann Medical College and Hospital, Chicago.

indicated in the ailments of old age. The chief diseases in which I have used Veratrum have been those connected with the heart, the stomach, and the bowels. In intermittent action of the heart, occurring in feeble persons, with some obstruction to the hepatic circulation, Verat-alb. 6th centesimal, is of the greatest service, both in steadying the heart's action and in restoring healthy function to the liver. In pain after food with coldness in hands and face, Veratrum from 1 to 6 is most useful. In water-brash where the above symptoms are prominent, this medicine is almost admirably beneficial. I can also fully corroborate the experience of others as to the curative power of Veratrum in choleraic diarrhœa, and even in true cholera with rice-watery discharges, both by vomiting and from the bowels, with cramps and coldness and blueness of the extremities. Muscular cramps knotting the muscles of the abdomen or of the legs, also demand Veratrum.

"In these choleraic or cholera cases, I have relied chiefly on the 1st cent. to 3rd dec. dilutions, given after every evacuation till warmth resulted. Other men of high dilution tendencies speak equally high of the 30th, or even higher dilutions. In cases of chronic bronchitis in the aged, Veratrum 3rd to 6th is often of the greatest service. In the loud barking cough, commonly called stomach cough, occurring for the most part in hysterical girls and women, Veratrum is a most excellent medicine. In this affection I usually give the 3rd dilution."

Dr. Dulac relates the following case: "An overseer who considered himself firmly established, found himself suddenly dismissed. From that moment a profound melancholy settled on him; he would only endure the presence of his daughter, and would only take food from her. Complained constantly of his dismissal and gave himself up to despair—Verat. alb. cured in twenty days."

This drug has been found serviceable in headaches characterized by a sensation as of a piece of ice on the head, or sensation of warmth and coldness at the same time on the scalp, the hairs being sensitive. The headache is sometimes accompanied with nausea, vomiting, cold sweat on the fore-

head, stiffness of the neck, weakness and faintness, and profuse micturition. Aggravation when rising up or lying down.

Dr. Barrows records a case of chronic headache cured with Verat-alb. 400. The attacks came on in the afternoon and continued into the night; drawing pains in both arms; frequent micturition; the pain gets better toward morning; the patient is able to be about the house in the forenoon.

Headache with violent pain driving one to despair, or prostration causing fainting, with cold sweat and great thirst, nausea, vomiting and diarrhœa, or obstinate constipation, requires Verat-alb. for its cure.

In the treatment of cerebro-spinal meningitis, Veratrum alb. occasionally proves serviceable. Prominent indications are: delirium or heavy soporous sleep, restlessness and great thirst; cramps in the the limbs, muscular weakness; nausea, vomiting and cold sweat; tingling and coldness of the hands; irregular pulse.

This drug is indicated in epistaxis when there is deadly paleness of the face, coldness of the body, and slow, intermitting pulse. It is useful in facial neuralgia when there are drawing, tearing pains attended with bluish paleness of the face, sunken eyes; coldness of the extremities; trembling and jerking; cold perspiration; great exhaustion; nausea and vomiting.

Veratrum-alb. cures "throbbing toothache, accompanied by swelling of the face, cold perspiration on the forehead, sickness and vomiting of bile, a bruised sensation in the limbs; great prostration of strength, almost to fainting, and coldness of the whole body, with internal heat and a great desire for cold drinks."

Dr. Hirschel says: "Just as Veratrum shows great similarity to Ipecac in affections of the stomach and intestines, so also in cough. The titillation in Veratrum is somewhat lower down, with a sensation of constriction in the throat; the oppression, the nausea, the vomiting of food and mucus after the cough is stronger after Veratrum, and the paroxysms approximate more to the forms of Belladonna or Drosera, with

longer intervals. We might say in Veratrum the spasmodic element prevails—in Ipecac the catarrhal one.”

Dr. Mossa gives Veratrum in laryngo-tracheitis for cough excessively straining and shaking, giving no rest day or night, with pain in the head, chest and abdomen, from the concussion, even in men.

Dr. Berridge reports the following case: Babe, skin very hot; cold sweat on the forehead when coughing; eyes half open during sleep. Verat. alb. 2000th, one dose, gave immediate relief.

Bronchitis, especially of old people, demands Veratrum when there is constant rattling of mucus, without being able to expectorate; with prostration, frequent, irregular pulse, and sticky perspiration about the head.

Dr. Meyhoffer says: use Veratrum in intercurrent capillary bronchitis; face livid, the finger-nails blue, the extremities cold, while the heart presents those tumultuous, irregular contractions which are the forerunners of paralysis of that organ.

In whooping-cough this remedy proves curative, when the spells of coughing are brought on by entering a warm room or drinking cold water; face pale and sunken; restlessness and anxiety; vomiting of tough, thin mucus, with cold perspiration on the forehead, and involuntary discharge of urine “It is one of those remedies which most frequently require to be selected in treating epidemic whooping-cough, which begins with violence especially in the spring (and autumn.)—Where it does not bring about a complete cure the symptoms are generally modified in such a way that either Cuprum or Carbo-veg., or sometimes Sulphur removes the remainder of the disease.”

Veratrum-album is indicated in inveterate cases of asthma when the attack occurs in damp, cold weather, early in the morning. Prominent symptoms are, coldness of the nose, ears and lower extremities; cold sweat of the upper part of the body; vomiting; inclination for motion; amelioration from throwing the head back.

Dr. Mossa uses *Veratrum* for spasmodic cough during measles, with great burning and dryness in the mouth and fauces ; long continued sleeplessness ; anxiety in the præcordial region ; irritability of the senses.

Dr. Berridge reports the following case—(disordered stomach.) Mr. — for a week had pains under the scapulæ ; loss of sight ; vertigo. Took calomel and rhubarb. To-day these are almost gone, but he has the following : urine thick when passed, and very dark, sometime almost black ; cold sweats at times ; food has no taste ; smoking makes throat dry and he does not enjoy it—(all these symptoms for seven days.) For one day craving for food ; nausea when eating, so that he cannot get food down without retching ; tongue white. *Veratrum-alb.* 2000th every four hours, cured in a few days.

Dr. Bayes mentions a case of gastrodynia. Sarah, aged 54, for a year has had attacks of pain in epigastrium ; pain comes on gradually, first in the epigastrium, and from this radiates upwards and to both sides, reaching to the back between the lowest point of shoulder-blades ; it increases in violence till it becomes agonizing, then gradually subsides. As the pain comes on she shakes with cold, and the hands and feet are cold. *Veratrum* 3d cured in a week.

Hæmatemesis when accompanied with slow pulse, cool temperature of the skin, chilliness, fainting fits, cold sweat inability to stand, and sickness at the stomach when moving or rising, demands *Veratrum* for its cure. Likewise does intestinal catarrh, coming on suddenly at night in the summer season with vomiting.

In infantile diarrhœa *Verat. alb.* is indicated by profuse, watery, inodorous stools, accompanied with violent vomiting, excessive thirst, difficulty in breathing, tenderness of the abdomen, and great prostration. Also in cholera infantum, with the above symptoms, and hollowness of the eyes, cold tongue and breath, paleness and coldness of the skin, with cold perspiration.

Dr. Bruckner gives this case. A woman of 60 had severe diarrhœa from fright. Stools liquid, gushing out with force,

and she feels exhausted in consequence of the long continued diarrhoea ; cold sweat all over the body with every stool, but especially on the forehead. Veratrum 200th soon brought relief.

In genuine Asiatic cholera Veratrum meets these symptoms: anguish, fear of death, or indifference ; vertigo ; eyes sunken ; nose cold ; face cold, pale, distorted, bluish, bloated ; great thirst for cold water and vomiting after drinking, with great debility or diarrhoea at the same time ; the discharges are gushing, profuse, rice-water like, with cramps and colic in the bowels ; cold feeling in the abdomen ; tongue pale or bluish ; voice feeble and husky ; very anxious oppression and constriction of the chest ; tonic cramps commencing in the hands and feet, gradually spreading all over ; pulse small, thread-like ; cold perspiration. Also in cholera morbus with similar symptoms.

We employ Veratrum for chronic constipation, with heat and pain in the head ; stools large and hard, or first portion of the stool of large size, the latter coming out in thin strings altho' of the same consistence and color. During stool the patient turns pale and feels excessively weak.

In colic it may be used after eating fruit and vegetables, the abdomen being swollen and very sensitive ; violent pinching pains ; no discharge of flatus either way ; nausea ; inability to swallow ; cold perspiration ; anxiety ; restlessness.

Peritonitis, with vomiting and diarrhoea, coolness of the skin, sunken features, small and weak pulse, great thirst, restlessness and anxiety, suggests Veratrum-alb. Metritis, if commencing with violent fits of vomiting and diarrhoea, indicates Veratrum. There may be also suppressed lochial discharge, nymphomania, delirium, cold face and limbs, with cold perspiration. So also does menorrhagia commencing in the same way, with similar symptoms, and a feeling upon the top of the head as if a piece of ice was lying there.

Myelitis is benefitted by Veratrum when it is accompanied by painful paralytic weakness in the upper and lower limbs ;

tingling in the fingers causing anxiety and painful jerks in the limbs.

This drug may be employed in rheumatism with electric jerks in the affected limbs; worse in bed, necessity to sit up and let the legs hang out of bed, or must walk about.

Dr. Kitchen relates a case of intermittent neuralgia in a girl aged 11; had been exposed in a region where intermittent fever was prevalent; had had it (no regular chill) always accompanied with intense headache. Now had intermittent neuralgia of the bowels. About 4 P.M., would commence throwing up quantities of wind from the stomach; about 5 P.M. intense agonizing neuralgia would set in like knives cutting her bowels, chiefly affecting her left side, coming on at intervals of a few minutes and lasting from one to two minutes, so intense that it took three or four men to hold her.—The attacks lasted from 5 to 9 o'clock, and would then terminate by two deep sighs or gapes. After the failure of Nux, Coloc., Iris, Con., Hyoscyamus, Aconite and Natrum-mur., Veratrum-alb. was administered in five-drop doses of the mother tincture, frequently repeated, and the pains were always controlled by it.

In intermittent fever Veratrum-album is called for when chill and coldness predominate; no thirst during sweat; cold sticky sweat principally on the forehead; paleness of the face during the sweat; sweat profuse, often cold.

Dr. Gilchrist reports the following case: Man aged 30; has had several chills every other day; chill commences with coldness in abdomen, spreading from thence all over the body;—frequent stools thin and watery; coldness became general, but no shaking; breathing much oppressed and labored; stools became bloody, finally nothing but pure blood running from the bowels steadily; vomiting of blood, part of the time blood thin and bright red, afterwards dark and thick. Prostration is excessive; speechlessness; the chill had lasted eight hours and the patient seemed at the point of death. Veratrum 200th every half-hour; in two hours he was in a quiet sleep. China 200th was afterwards given for the remaining weakness. He had no return of the chills.

Veratrum has been successfully employed in yellow fever, principally in the gastro-hepatic type, with diarrhœa; thin, blackish or yellowish vomiting of bile or blood; burning in stomach; lips and tongue dry, brown and cracked; cold perspiration on the forehead; great exhaustion, and small, intermitting pulse.

Raue recommends its employment in typhoid fever during cholera epidemics; great prostration; cold sweating; coma; vomiting and watery diarrhœa; bluish face; pointed nose;—wrinkled skin. Also, in measles, when the eruption is tardy and of pale, livid color; hæmorrhages without amelioration; burning heat, with alternate cold extremities; very frequent, weak intermitting pulse; delirium; restlessness; drowsiness; apathy.

We have not found Veratrum of much service in scarlet fever, although it has been highly recommended by some authorities.

From what has been said of this drug you will see, that to the homœopathic physician *Veratrum-album* is by no means "an ancient remedy but little used internally," but is almost an every-day necessity.

PHYTOLACCA DECANDRA.

CASES OF POISONING.

BY LOUIS GRASMUCK, M. D.*

This subject is a woman aged 45, occupation keeper of a boarding-house; temperament, bilious-sanguine; active, hard-working, with a family of grown children, and has a good character.

She always had good health until about one year ago, when she was attacked by rheumatism; this was followed by anasarca, and many other symptoms indicative of the "change of life." She was sick several months but finally her fine constitution triumphed, and she recovered. She again resumed charge of her duties, and was to all appearance well, with the exception of a slight pain in the right hip joint.

A month after this I was called to see her, and found her suffering intensely with pains in the joints, and bones of the face and head, and was

* Reported to the Homœopathic Medical Society of Kansas.—*Ohio Med. and Surg. Rept.*

informed that her sufferings were such that she had not slept for many nights.

In addition she was covered from the crown of her head to the soles of her feet, with an eruption, the like of which I never beheld. It began on the scalp and spread downwards to the very toe nails. It consisted of erythematous blotches of irregular shape, slightly elevated, of a pale red or pink color, very sore and painful, itching slightly only on desquamation, but too sore to allow of any scratching for relief, and terminating in a dark red or purple spot, taking about thirty days time for each to pass through its various stages of eruption and desquamation, and about the same length of time to advance from the head to the feet, so that the eruption could be seen at one time in all its stages of development.

There was no accompanying fever, no swelling, excepting in the face, no sweats, appetite good. She wanted relief from the nightly pains in the bones of the face and head, and wanted to know what the eruption was. On examination I found the pains proceeded from the "nodes," especially on the frontal bone, and resembled very much those of periostitis. My first impression was that I was dealing with a case of syphilis, but a closer inspection and my intimate acquaintance with the family, together with a "history of the case," caused me to abandon this theory, and the next one also, that of mercurial cachexia.

A vigorous cross-examination revealed the fact, that about thirty days before, she had been induced to take a "blood purifying remedy," consisting of a pint of whiskey with about three ounces of "poke root" in it. Of this poisonous, saturated tincture, she took a "swallow three times a day" until I was called.

I informed her that she had probably furnished the homœopathic school of medicine the most heroic proving of *Phytolacca* on record, for all of which we were duly thankful, but nevertheless would advise its discontinuance.

I gave *Mercurius solubilis*, 3rd x trituration, which relieved the sleeplessness at once, and finally also the pains, but the eruption grew worse rather than better, and even invaded the conjunctiva and mucous membrane of the nose and mouth, and now after a lapse of three months, it is in the fauces and œsophagus having entirely disappeared from the external surface of the body.

A month ago, and when the eruption had partly faded, the photograph which is before you was taken. It is but a faint conception of the case, and none whatever of the color, but such as they are, were the best I could procure. This is the second case I have met during the year. The first was a man who took it in much smaller doses, and in this case it produced a severe rheumatism in the left shoulder; no fever, no eruption. These cases are submitted to the society without comment. Different minds will draw different conclusions, but differ as we may, they are of interest to all alike, and the facts are submitted for your consideration and digestion.

4—Jan. 1875.

BROMIDE OF CAMPHOR :
THERAPEUTIC AND PHYSIOLOGICAL PROPERTIES.

BY E. LAWSON, M. D.*

Bromide of Camphor, or to use the nomenclature of MM, Maisch and W. A. Hammond, monobromide of Camphor—(*Camphre monobrome* of M. Wurtz) is a substance in which an equivalent of the hydrogen of Camphor is replaced by an equivalent of bromine. This new combination is thus very rich in bromine, since it contains of this element more than a third of its whole weight. It is a perfectly definite substance, and when well prepared and pure, it is white, of velvety appearance, and crystalizes in elongated prisms, which are sometimes of a good size. These prismatic needles are often united at their bases, and thus form thick tufts of great beauty. The odor of the bromide of Camphor is rather penetrating, and resembles that of Camphor and mouldy wood in conjunction.

The first researches on the physiological action of bromide of Camphor were made by Dr. Bourneville, and were communicated by him to the Societie de Biologie on June 13th.—This investigator experimented on guinea-pigs, rabbits, and cats. The results of his experiments induced him to assign the following physiological properties to this new drug.

Bromide of Camphor lessens the number of the pulsations of the heart, and determines a contraction of the auricular vessels in guinea pigs and cats ; it diminishes the number of inspirations, and lowers the temperature in a regular manner. When the bromine is given in a poisonous dose, this diminution of temperature becomes more and more marked, until death ensues. In the cases which recover, the diminution of temperature is succeeded by an increase, which continues until the initial figure is reached. The rise of the temperature, however, occupies longer time than its fall. Bromide of Camphor has incontestable hypnotic properties, and appears to

* *London Medical Record.*

act chiefly on the cerebral system. The nervous system appears not to accommodate itself to the influence of this drug, since a prolonged use of it, in the case of cats and guinea-pigs, caused emaciation.

Starting from these physiological conclusions, the results of his experiments, M. Bourneville deduces from them the therapeutic properties of Bromide of Camphor. He considers that the use of this agent is indicated wherever it is necessary to produce decided calming of the circulation, and especially for the cerebro-spinal nervous system. The anti-spasmodic properties of Bromide of Camphor are, in M. Bourneville's opinion, clearly proved. M. Deneffe, of Ghent, is, we believe, the first person who employed Bromide of Camphor as a therapeutic agent. He found it of great service in the case of a man aged thirty, who was suffering from delirium tremens, accompanied by tremblings, excitability, insomnia, and visual delusions. The patient improved rapidly, and a thorough recovery followed, unattended by relapse.

Dr. W. A. Hammond, of New York, employed Bromide of Camphor prepared by M. Maisch, Professor at the College of Pharmacy in Philadelphia, in the form of beautiful free crystals slightly tinted with yellow. Dr. Hammond mentions instances where the convulsions of children; attacks of inveterate hysteria, lasting from 5 to 12 days, and headache, consequent on mental excitement or excessive study, were cured by the use of this drug.

Dr. Bourneville made his therapeutical experiment at the Salpetriere, under the direction of M. Charcot. The form of drug administered was the same as that which has been employed up to the present time in all the hospitals of Paris—Dr. Clin's Bromide of Camphor dragees. In addition to the physical properties of Bromide of Camphor already mentioned its characteristic odor and disagreeable flavor, it may be noticed that it is insoluble in water, and changes when exposed to the air, so that the dragees are the best form in which to administer it. Each dragee contains exactly ten centigrammes ($1\frac{1}{2}$ grains) of the Bromide of Camphor, covered by

a thin coat of sugar, which preserves the drug, masks both its odor and flavor, and renders it easy of deglutition. These dragees become rapidly disintegrated in the stomach. Among the cases already published we find the following :—

In one case, a woman aged 62, suffering from heart disease attended by insomnia, twenty centigrammes only (two dragees) were efficacious.

In the case of a woman aged 46, who was suffering from progressive locomotor ataxy, in whom insomnia alternated with disturbed sleep troubled by nightmares, it was necessary in order to obtain a decided improvement to administer eighty centigrammes (eight dragees.)

A woman aged 46, who for six years suffered from chorea, who had not been able to walk for a year, and was tormented by such incessant and violent movements that they drew her out of her bed, and who was also unable to sleep, had administered to her as high a quantity as 120 centigrammes (twelve dragees). Her sleep became calmer, she remained quietly in her bed, could walk a little, and often remained fifteen or twenty minutes undisturbed by choreic movements.

Three women under the care of M. Charcot, of the respective ages of 50, 60, and 67, were attacked by paralysis agitans and pronounced incurable. They took from twenty centigrammes to one gramme (three to fifteen grains) of the Bromide of Camphor, daily, in quantities varying from one to ten dragees. in progressive doses. A marked amendment followed.

Bourneville (*Progres Medical*) has submitted the efficacy of Bromide of Camphor to a severe test by choosing as a field for his experiments a hospital for incurables. If it succeeded in these obstinate cases, still greater was the probability that it would act beneficially where the conditions were more favorable, and the illnesses of more recent origin. A patient in the Hospital de la Pitie, 24 years of age, suffering from acute rheumatism, was attacked by chorea in the left arm. He was cured in five days. The dose was sixty centigrammes (nine grains) daily, given in six dragees.

In the same hospital, a woman aged 22, was attacked by violent hysterical chorea, with hysterical vomiting. The dose given was first forty, and then sixty centigrammes, daily.—Her cure was rapid.

A young woman, a patient in the Necker Hospital, suffering from induration, with insufficiency of the mitral valve, showed symptoms of poisoning, from the first day Digitaline was administered to her. The Digitaline was discontinued and the Bromide of Camphor substituted. The heart-beats diminished in frequency and became regular. The medicine was relinquished, and the improvement obtained continued the same a fortnight later.

A man in the same hospital, presenting the same conditions received equal relief.

A young woman, suffering from nocturnal incontinence of urine, had taken Bromide of Potassium during fifteen days without any amendment. Four dragees of the Bromide of Camphor cured this painful infirmity, at least for the time being. The patient is still under treatment.

A patient was tormented by nervous cough, which entirely deprived her of sleep, took two dragees, night and morning, and the symptoms were abated in a few days.

At the Cochin Hospital a case of paralysis agitans was considerably calmed by a daily dose of four dragees. The patient was a woman about 40 years of age.

At the present time our knowledge of the physiological action of the Bromide of Camphor, and of its value as a therapeutic agent, is imperfect. It is nevertheless, evident that the administration of this drug has been followed by incontestably beneficial results, which have been corroborated by observation in a number of the hospital wards.

Bromide of Camphor is a well defined substance, having a characteristic crystallization, smell and flavor; and a powerful sedative both to the nervous system and circulation, acting as a hypnotic and regulating innervation.

It would be premature to specify the precise dose which ought to be administered. In the generality of ordinary cases

it has been given to adults in doses of from twenty centigrammes to one gramme, a dose two or three times during the morning, a dose before dinner, or with it, and finally, another before going to bed. The dose naturally varies according to the illness and the special symptoms presented.

HYPNOTIC EFFECT OF BROMIDE OF POTASH.—Dr. Amburger experimented on himself and on some other physicians. They took daily from 4 to 14 grammes at different times of the day.

In one case, where the prover took from 2 to 4 P. M. 14 grammes, salivation, ructus, headache, nausea, heat in the face, small and not frequent pulse, constant inclination to urinate, pains in the lumbar region, colic, some diarrhoea, difficult respiration and anguish, heaviness and tired sensation in the extremities set in, but no sleepiness yet, even at midnight. From 1 to 9 A. M. followed a good sound sleep. Next day a coated tongue and loss of appetite. Other six provings also gave negative results in spite of favorable condition for sleep. The well-known Kalium action on the heart was quickly developed. A relatively retarded pulse could be felt even the next day.

The Bromide of Potassium disappointed in severe delirium tremens, whereas Morphine or Chloral acted well; in light cases amelioration followed after the Bromide. In four cases of mental diseases no benefit could be perceived. Of the other fifteen cases, one (disease of the aortic valves) showed decided improvement, as far as the heart was concerned; eleven did not react at all to the Kalium-bromide, and only in four cases (chlorosis, chorea, hysteria and melancholia) hypnotic action could be perceived.

As an experiment, the Doctor gave in seven cases of sleeplessness to perfectly clear-headed persons a sham-sleeping powder in the evening (Cortex cascarilla and sugar,) and in five of them decided hypnotic action was repeatedly observed. When the powder was omitted, they passed a sleepless night, but slept well as soon as they used it again. One patient refused to take any more of the sleeping powders, fearing that after a while he could not do without them any more. Amburger concludes from all that hypnotic action does not belong to the Kalium-bromide. *Centralbl. f. d. Med. Wis.*

FEMALE SURGICAL PRACTICE.—The *New York Medical Record* of Sept. 1, contains a report of a case of successful operation for recto-vaginal fistula performed on a lady, in which the operator was Dr. Susan Dimock, Resident Physician to the New England Hospital for Women and Children.

CANTHARIDES: ACTION ON THE PUPILS.—*Le Progres Medical* states that M. Gallippe has found dilatation of the pupils in all cases in which he has examined them, after the application of a blister.

Gynæcology.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

CONSTRICTION OF THE VAGINA:

VAGINISMUS SUPERIOR, AND VAGINISMUS PROPERLY SO CALLED.

Dr. Victor Revillout, in the *Gazette des Hopitaux*, (says *London Med. Rec.*) investigates a case that very much surprised him, and which appeared inexplicable from our present state of science.

Three years ago, a young woman, a primipara, came into the Hotel-Dieu to be confined. The labor was prolonged.—The *interne* applied the forceps. The blades were apparently introduced with ease, the head of the foetus being at the brim. As the first efforts at traction were ineffectual, the forceps were removed, and the physician in charge was sent for. He arrived in $\frac{3}{4}$ of an hour. On attempting to apply the forceps, he found it impossible to do so, as, a little below the os, the vagina was divided into two parts, by what seemed to be a kind of double band, stretching completely across from before backwards, almost perpendicularly to the axis of the body. In spite of the affirmation of the *interne*, he refused to admit that the blades had ever been passed, and the bands were, in his estimation cicatricial. He made a long incision on each side of the vagina parallel with its axis, almost perpendicular to the base of these two folds. The foetus was then extracted without difficulty.

The woman died three days afterwards of uterine phlebitis. In making a *post mortem* examination, not a trace of any cicatricial band could be found. The vagina was healthy and normal. Around the wounds there were no projections whatever to explain the necessity of making the deep incisions. Nevertheless, it could not be supposed that the practitioner was mistaken, in believing that he felt a very tense double fold projecting into the vagina. The assistant had also examined the vagina before the incision was made, and felt equally convinced, to his astonishment, that such was the case. It was, now however, evident that the phenomenon was a temporary one,

and that for its explanation it was necessary to have recourse to the hypothesis of muscular contraction. But where was the portion of muscle that was contracted? It was scarcely possible to conceive that it was a part of the muscular fibres of the vagina, as in that case the constriction would have been circular, and not from before backwards. Outside the vagina, there is no muscle as yet described that could produce constriction.

Shortly afterwards, another case came under observation, somewhat similar in its character, and which helped to explain somewhat the remarkable features of the previous one. A woman, a multipara. with old ruptured perinæum, complained that at times that the act of intercourse was not only painful but impossible, from some constriction a short distance up the passage, altho' the vagina was in general sufficiently capacious. An examination showed at first nothing abnormal; she was desired to squeeze the exploring finger, if possible, and was able to do so with considerable force, relaxing and contracting the vaginal wall at will. On pushing the inquiry still further, it was found that there was sensitive part a short distance inside the orifice of the vagina and at the cervix. The slightest touch of these parts produced an effect similar to that called into action by the will.

Gosselin, under the name of vaginismus superior, in his *Leçons cliniques*, published last year speaks of a hyperæsthesia of the vaginal *cul-de-sac* without contraction of any kind. In acute vaginitis, from the painful spasmodic contractions of the vagina a small body is, in some cases, incapable of being passed. As this condition has been denied by some authorities, amongst whom is Gueneau de Mussy, the writer made some careful dissections to see what were the anatomical relations of the muscles surrounding the vagina.

The vagina crosses the superior perineal aponeurosis very obliquely, from below upwards and from before backwards.—On measurement of the length of the vaginal walls below this plane, the posterior is about double the length of the interior. The disposition of the muscular fasciculi is very peculiar in the perineal region. The vagina is divided by the superior perineal fascia into two parts, an inferior and a superior. The inferior or perineal portion is rich in muscular fasciculi; the upper part contains but a few striated or voluntary fibres. On the lower half of the vagina the muscular fibres, for the extent of about seven centimetres, pass both from before and backwards obliquely towards the rectum, but more especially in

the antero-posterior direction. At the point of junction of the posterior surface of the vagina with the anterior wall of the rectum, there is a small triangular space, with its base posteriorly. It is free of any muscular fasciculi, both behind and at the lateral surface of the vagina. The first fasciculi, which are inserted in the anterior surface of the obturator fascia, and in the centre of the aponeurosis, are more considerable than are generally described in anatomical works. They form as it were a trapezoid, nearly triangular, the fibres being spread out fan-shaped over the sides of the rectum, and encompassing the vagina to about the height of 4 or $4\frac{1}{2}$ centimetres on its posterior margin. The inferior fasciculi do not deserve the name of elevators of the anus, for they really serve to constrict the vaginal orifice, as they are directed obliquely from above downwards, or from before backwards;—but it is not so with the superior, which are oblique and represent a constrictor muscle, as described by Cruveilhier.

There is another bundle of muscular fibres arising slightly more externally and more posteriorly of triangular formation. They arise from the inferior surface of the superior aponeurosis, a little below the line of junction of the fascia with the vagina. They strengthen the vaginal and rectal walls as they pass downwards, spreading out in the form of an elongated fan, whose base is about two centimetres. These fasciculi are exceedingly strong, and are composed of well marked striated fibres, which was verified by M. Damischino under the microscope. A portion of these fibres lose themselves on the surface of the rectum; others seem to be inserted more distantly.

This curious disposition of the fibres has never been previously described. A contraction of these powerful fasciculi would narrow laterally the middle portion of the vagina, which was the case in the two above-mentioned patients. Their presence explains vaginismus, and their tonic contraction, the narrowing of the vagina in virgins, and in some women up to parturition; they also form the corrugated surface of the vagina.

PREGNANCY · A NEW SIGN.—In the *Annales de Gynécologie*, M. le Prof. Pajot (says *Irish Hospital Gaz.*) describes a new sign of pregnancy, which he calls “le choc fœtal,” or the fœtal impulse. The sensation it conveys to the hand of the person making the examination is similar to that conveyed by ballottement; but it differs from ballottement in being produced by an active and spontaneous movement on the part of the fœtus.

LEUCORRHŒA AND DISPLACEMENTS.

I have taken your Journal from the beginning of its publication, and among all the many good things contained therein I do not remember reading any article on "Leucorrhœa or Displacements of the Uterus"—why, I cannot say. It cannot be on account of the rarity of the disease, nor of the ease of effecting a cure, that our writers do not notice it; on the contrary, I find it very prevalent, and one of the meanest and hardest to treat successfully.

It is true, that we have the indications for the remedies laid down in the books, but I have failed to have met any success with them; whether it was my inability to discriminate symptoms, &c., I cannot say.

I think that if some of the fathers would give us an exhaustive article on the disease, with their experimental treatment, they would confer a lasting favor on the younger members of the profession—at least they would to me.

They might say, read your books. Well, I have read and studied, time and time again, Hempel, Teste, Buck, Hale, Marcy and Hunt, Laurie, Raue, Croserio, and Ruddock and still I am at a loss. A good article in the *American Observer* would be more beneficial. I hope some one will attend to this at once.

Yours respectfully,

Decatur, Mich.

DR. H. M. BRODRICK.

REPLY TO THE ABOVE.

BY DR. E. N. AMOSS, WALLONIA, KY.

In a proof sent me is a request from Dr. H. M. Brodrick, of Decatur, Mich., for an exhaustive article on "Leucorrhœa or Displacements of the Uterus." The Doctor certainly does not intend to intimate that leucorrhœa and displacements of the uterus are one and the same disease; but the language conveys that idea. I am inclined to think that the printer has mistaken the word "and" for "or." Believing this to have been the case then, the Doctor wants an exhaustive article on the different diseases, leucorrhœa and displacements of the uterus.

To comply with the request would be a heavy draw upon the generosity of the editor of this journal ; because an exhaustive article on leucorrhœa alone, would occupy many pages, perhaps a whole number of his journal. If the Doctor wishes to see an exhaustive article, or one that is sufficiently so, let him read it in Dr. "Guernsey's Obstetrics." Beginning on page 82, Dr. G. devotes 12 or 14 pages of his excellent book to that disease. He gives the description, the symptoms, the causes of the disease, and further on the characteristic symptoms of seventy-two remedies which are recommended for it. I do not think, that, at this stage of our knowledge of disease and its remedies, anything can be profitably added to Dr. G.'s article.

Of the many remedies recommended, perhaps Calc. carb., and Calc. phos. and Sulphur, and Pulsatilla and Sepia will be found to be most frequently needed. And if any one of these should be indicated by the symptoms and should fail to relieve, the physician should find out whether there does not exist some cause for the disease which has not been removed. For instance, habitual exposure to cold, excessive sexual indulgence, or the too frequent indulgence in lascivious ideas, damp houses and damp locations ; also high living, stimulating spices, condiments and drinks.

Beginning on page 104, Dr. Guernsey treats of prolapsus, inversion, anteversion and retroversion of the uterus ; giving symptoms, causes and treatment more completely and satisfactorily than can be done in any medical journal, because of the want of space for such extended disquisitions. Dr. Guernsey then gives the characteristic symptoms for forty-seven remedies.

In speaking of the pathology of displacements he says :— The appendages of the womb "are usually relaxed in consequence of some constitutional ailments, which are shadowed forth by the symptoms indicating the proper remedy. The right interpretation of these symptoms and the consequent administration of the corresponding remedy will usually be followed, therefore, by a radical cure." To this, I must add, that

in chronic cases, where, it is impossible for the patient to recline all the time, a well-fitting abdominal supporter is necessary, provided there is no congestion or inflammation of the uterus or its appendages, making the pressure unpleasant or painful. But I have no use for pessaries of any kind in prolapsus uteri. I do not think that they do any good, and they must irritate by mechanical pressure.

Of the many remedies recommended for uterine displacements I have derived most benefit from Belladonna, Nux vomica, Aurum, Conium, and Sepia. In chronic cases, I use them from the 6th to the 200th, giving one dose of four to six pellets once in 24 hours, until an improvement begins, then cease, as long as improvement continues.

[Dr. Brodrick can find some good suggestions in Dr. Leadam's excellent work on "Diseases of Women," pages 41-47. Also some good ideas from Bonninghausen. I find some excellent results from Calcarea phos. 3d, if leucorrhœa is caused by lascivious fancies or too frequent indulgence in venery. Also under the head of Lycopodium he will find some splendid characteristics, besides many others.

Dr. Leadam's book is an English work, and one that is fully up with the staté of Homœopathic Gynæcology, and should be in the library of every physician.—W. H. B.]

(Articles on *Leucorrhœa* will be found in this Journal 1868, p. 368; 1873, pp. 194, 197, 209.

On *Prolapsus*, 1865, p. 75; 1866, p. 170; 1868, p. 168.

Anteversion, 1866, p. 63; 1868, p. 470.

Retroversion, 1866, p. 400; 1868, pp. 169, 171; 1873, p. 292.

Retroflexion, 1874, p. 516.

Displacements, 1874, p. 266.

Dr. A. M. Cushing has published a very good monograph on *Leucorrhœa* (12mo. 70 pages) which has been noticed in the *Observer*.

E. A. L.)

VESICO-VAGINAL FISTULA.—M. Sedillot confirms the opinion of Simon that, after operation for the cure of vesico-vaginal fistula, or for obliterating the vagina, it is not necessary to leave a catheter in the bladder, nor use it at all if the patient be able to pass urine spontaneously, which she generally can, except in the few hours which immediately follow operation.

SUB-INVOLUTION OF THE UTERUS.

Mrs. Q., aged 24, been married three years, and is the mother of one child. The child was born two years ago. Has never been well since the birth of her child—a very common history.

Menstruates entirely too freely. Has constant fixed pain in the back, and dragging sensation about the pelvis. Exercise causes excessive fatigue. Has leucorrhœa. These are symptoms from which she wishes to be relieved.

PHYSICAL EXAMINATION.—Uterus lies on the floor of the pelvis, and can be touched at the distance of a single phalanx from the external opening of the vulva. Cervix is very large, and the body of the uterus measures nearly an inch more than it should.

There is an ichorous irritating discharge from the external os. The ovaries are slightly enlarged, and somewhat tender. The perineum is ruptured. Such are the results of physical examination.

What is the diagnosis? The uterus is enlarged, and in a condition of chronic engorgement. Some would call it chronic inflammation of the parenchyma of the organ.

The uterus is upon the floor of the pelvis. Many would regard it as a case of displacement.

There is some enlargement and tenderness of the ovaries present. Some would pronounce it a case of enlarged and tender ovaries, and that the condition of the uterus was secondary to ovarian affection.

For my own part, I believe the case can be most satisfactorily explained upon the ground that it is one of sub-involution; and, further, that it is a typical illustration of a large class of cases which are often regarded as chronic inflammation displacement, etc., etc. Her sickness dates from her last parturient process. During that process or subsequent to it, it is probable that conditions were developed which interfered with the proper completion of the process of involution. Consequent upon this the organ has remained of more than normal weight. This increase in weight together with loss of support sustained by rupture of the perineum, has caused the displacement.

The constant tension produced upon the ligaments of the uterus, arising from the displacement, causes the constant pain in the back, and dragging about the pelvis.

The increased size and constant congestion of the organ, particularly the lining membrane, accounts for the too free menstruation.

TREATMENT.

Place the patient in bed, where she will remain for two weeks at least. Replace the organ as perfectly as possible with the hand. Keep the bowels quite open. Use warm vaginal injections three times a day, for twenty minutes each time. Continue the treatment two or three days. Then, after pushing the uterus up as high as possible, tampon the vagina with cotton soaked with glycerine, and permit the tampon to remain for thirty-six hours. Remove and replace the tampon at the end of that time, and continue that treatment for ten days. It is quite probable that at the end of that time she may be able to wear a uterine support. If so, fit one accordingly, and place the patient upon the use of Ergot* in half-drachm doses of the fld. ext. twice a day, which is to be continued, it may be, for a long time. Remove all pressure upon the organ from above. This can be accomplished by wearing an abdominal supporter, or a belt. †Sustain the general condition of the patient with iron and bitter tonics.

There is one other condition which demands attention. and that is the fungoid condition, or little warty growths, so called, upon the inner surface of the uterus, which are almost invariably present in this class of cases. These are to be removed by gently scraping the internal surface of the uterus with the curette. When these bodies are all removed, carry the co. tr. Iodine up to the fundus of the uterus, and pass it over the entire internal surface.

This condition of the internal uterine surface is a prolific cause of menorrhagia, and by its cure the woman will be relieved of both the menorrhagia and leucorrhœa, which are present in her case.

When the uterus has been materially reduced in size, and the general condition of the patient improved, the perineum may be replaced.—*N. Y. Med. Record.*

[* Had he used the Ergot in smaller doses together with pure homœopathic remedies, he would have better success in such cases; such as Caul., Sepia, Belladonna, etc.—W. H. B.]

[† Better beef-tea; if feverish symptoms should set in, give Aconite, Gelseminum, Verat. viride. I regard a good liberal diet as the only true tonic.—W. H. B.]

Veterinary.

FARCY AND GLANDERS.

BY E. C. PRICE, M. D., BALTIMORE, MD.

While residing in Baltimore County, my riding mare was taken with farcy; I regarded it as a pretty bad case, she was swollen from the udder up to the fore legs, and extending part way up the sides and down the inside of the hind legs. From the centre of each farcy-bud a yellow, watery, viscid serum exuded, which hardened into a gummy substance. At that time having no work on the homœopathic treatment of animals, with only Hull's Jahr for my guide, I selected Graphites; accordingly I gave a few pellets of the 9th dilution. I gave about 4 doses altogether. At the end of a week she was well.

In the country, horse doctors are very few, and very far between. When a farmer's horse gets sick, he generally sends for one of his neighbor's whose judgment he considers superior to his own. In this way, an older brother of mine was, *nolens volens*, made a horse doctor. He had had numerous cases of farcy to treat, and, though always successful, the cure was generally very protracted. For the next case he had to treat he came to me to get some of the medicine I had given my mare. I prepared him about the 2nd decimal trituration, made with wheat flour instead of Sugar-of-milk; that was also successful.

At length, becoming wearied with the numerous applications for the medicine, he told his neighbors what he gave and how to prepare it. Either from being too indolent to take the trouble to prepare it, or else on the theory, that if a little would do good, more would do better, some of them gave the crude drug in teaspoonful doses. The reports of the numerous cases in which it had been used proved this fact—that it made no difference whether a teaspoonful of the crude drug, the 2x trit., or the 9th dilution was given, the cure was equal-

ly certain; but I thought it was more protracted where the larger doses were given.

In the new work published by Boericke & Tafel, Carbolic acid is recommended as a certain specific, mix 10 grains or drops in a pint of water, divide into four doses and give during the day. Dr. James Moore recommends Kali bichromicum. Graphites is certainly the most homœopathic to the symptoms, and I think no remedy can be found more speedy and effectual. I have examined a number of veterinary works, but have not found it recommended in any of them.

GLANDERS.

A few years before the occurrence of the first case, a farmer, Lewis R. Cole, living a few miles distant, had a valuable horse that was taken with the glanders—he communicated the disease to four other horses that died with it; but the perverse original infecter would not die. The farmer's son wished to shoot him, but the old gentleman would not consent to it. The son went to a druggist in Baltimore and obtained Strychnine enough to kill a horse, and gave it to him on going home at night. On going to the stable in the morning he expected to find the steed stretched in his stall "cold in death;" but instead of that he neighed for his breakfast. On going to the city again, he berated the druggist for fooling him; the druggist declared that it was the genuine article that he had given him, and that he would certainly give him enough "to fix him this time," so he gave him a double quantity—that was also given with a like result. The son thinking it was useless to try and kill him, let him alone, and in a short time afterwards he was perfectly well. I saw him for several years afterwards with head erect carrying the old gentleman about as sprightly as ever.

Another neighbor, a short time afterwards, had a mare that took the disease; he gave her one dose of Strychnine, and she improved—he gave her a second dose and killed her.

Pereira says, Nux vomica appears to be poisonous in a greater or less degree to all classes of animals. On the vertebrata its effects are very uniform, though larger quantities are required to kill herbivorous than carnivorous animals. Thus a few grains will kill a dog, but some ounces are required to destroy a horse.

If Strychnia will cure the glanders, would not a persistent trial prove it to be a more effectual remedy, in *chronic nasal catarrh*, than it is generally supposed to be?

Translations from Foreign Journals.

S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

LEPTOMENINGITIS WITH APHASIA.

BY DR. LUCZKIEWICZ.

A robust man of 30 years consulted us two years ago about an obstinate eczema capillaris and a simultaneous psoriasis, which confined him to his house. He really looked frightful. The whole scalp covered with a thick brown crust, from which constantly flows a watery fluid in such quantities as to run down his neck and face. His ears are swollen and red, painful; covered with the same crust, and discharging the same fluid. The surface of his whole body covered closely with red spots of different shapes and sizes, on which small white scales are seated. The eruption is exquisitely strong in the axillæ, around the navel, at the scrotum, where the skin feels considerably thickened, tough and red, and covered all over with scales. Patient complains of constant itching, forcing him to scratch incessantly, and depriving him of sleep. The eruption appeared suddenly in a few days, when the patient enjoyed the very best of health; beginning at the concha auric., preceded by a burning itching. The most careful examination of all internal organs gives a negative result; nowhere a pathological change; heart, lungs, liver, spleen, perfectly normal, as also the lymphatic glands, pulse, temperature, alvine evacuations, normal. Six years ago patient had a chancre cured by Mercurius. Shortly afterwards psoriasis appeared for the first time, treated by *Ricord*, in Paris, who cured (?) it three times, but it always returned. Patient went then to *Sigmund*, in Vienna, who ordered *Kreutznach*, but in vain; the disease always returned after a few months.

Thus he came to us, and the inunction cure was ordered (beginning with 40 grs., increasing the dose daily by 5 grs. up to 90 grs., and then gradually decreasing) with warm bath, suitable temperature

of the room, diet, etc., all of which is strictly carried out by the patient. After 25 frictions the cutaneous disease disappeared in toto; the patient is fully restored to health, and remained in that state for two years. Sept., 1873, a return of his former disease, the eczema begins again at the conchæ, spread over the whole scalp, and the psoriasis is all over his body. Sixteen frictions suffice to drive the old enemy away, without a symptom of salivation or hydrargyrosis. The patient feels happy.

October 6th (24th day after the disappearance of the eruption), the patient complains of severe toothache, and after suffering for three days the carious tooth is extracted. Half an hour after the extraction he had a chill, which opened a new drama, ending in death at the fourth day.

October 11th. Several chills, followed by great heat (40°) in the morning; during the afternoon patient more quiet; in the evening repeated chills; temperature 38°

October 12th. Several severe chills in the morning, not followed by heat. In the evening severe headache, suddenly appearing and quickly ceasing, so that the patient feels comfortable and walks about the room, and speaks rationally. Towards midnight the headache becomes continuous over the left vertex over the space of the size of a silver dollar; the pain increases steadily, worse from touch or lying down, so that the patient walks the room. T. 39° P. 90. Ordered cold compresses over the head.

Oct. 13th. Pain as yesterday; after $\frac{1}{2}$ th gr. morphine, quiet sleep for two hours; at 12 the pain returned, and the patient makes *mistakes in speaking*: He says, "my floor hurts me," "I want fish," (water) unconscious of his mistakes, and feels astonished that people do not understand him. These mistakes increase steadily, and after a few hours only the first word of a sentence is right; all the others cannot be understood, and only his gesticulations show that he has headache. The face expresses great suffering; the eyes glisten; pulse 112; temperature 40° ; the skin dry and hot; pupils moveable. Patient runs about the room; mumbles words of different languages; knocks with the finger on the painful part of the head; consciousness is clear; he asks for water, and as nobody understands him,

takes it himself and drinks; the mandibula can only be partially opened.

R. Calomel and Jalap; 10 leeches behind the left ear; Oil Croton to the left vertex.

October 14th. Ten copious stools; t, 38°, p. 100; well contracting artery; sensorium free; the patient recognizes every visitor, looks for the physician, and begs him for relief; takes his medicine; micturates freely, but speaks words without sense. As antiphlogosis and revulsion brought no relief, *kali hydroj.* was tried, 5 grains every two hours, on account of a supposed syphilitic affection, especially as an aphasic patient had been relieved a short time ago by Iodine, although he was not syphilitic. 4 P. M., skin hot again, great restlessness; throws himself about; pulse 110 full. At 10 P. M. skin cool, pulse 80 small; speaks not so continually, but pronounces now a few words clearly and distinctly, and when a funny pictorial is read to him, he understands it perfectly, for he smiles at the jokes; complains, by signs, of the impossibility to express his thoughts in words. He is sleepy, but still cannot compose himself to sleep; a subcutaneous injection of $\frac{1}{12}$ gr. morphine produces a quiet sleep for four hours. Towards morning has a stool and then falls asleep again.

Oct. 15th. T. 39°, p. 100 small; tongue moist; pupils mobile. Patient points with his finger to the painful spot; no anomalies in the sphere of mobility or sensibility; other state the same. Takes a tepid bath with cold douche, which causes great irritability, with general weakness. Evening: Severe chills, followed by heat. The patient ordered some tea, but nobody understood him; pencil and paper being handed to him, he wrote: Grehbogzk; got up, went to the closet and brought out some tea. He remained in that state the whole night; enveloped himself early in the morning, without having lost one moment his consciousness, in his wrapper; laid himself down on his bed, and fell asleep—unto death.

Autopsy, 34 hours after death: The dura mater tense; blood-vessels moderately filled with blood; in the sulcus longitudinalis a small, soft, pale, fibrinous coagulum; pia on the convexity of the brain rather pale; the blood vessels between the convolutions moderately full; the convolutions not flattened. The *left middle lobe* in its

entire extension not far from the basis, slightly adherent to the dura ; after loosening these adhering surfaces, more than three ounces of yellow creamy pus were discharged from under the lobe. The lateral, still more the lower part of this lobe, was so much compressed by copious pus accumulated under the dura, that a pretty deep impression was found instead of an arching ; the arachnoidea was here covered by a yellow, firmly adhering membrane, half a line in thickness, the pia compressed, the convolutions flattened and pale. The dura in the median fossa and the tentorium cerebelli covered with copious pus ; also the lower surface of the posterior lobe on both sides ; purulent fluid, though in less quantity, covered the meninges of the cerebellum, even the medulla oblongata ; nothing abnormal on the bones of the skull ; the surface of the skin of the body smooth, covered with pale-yellow extensive plaques (traces of the former psoriasis). The organs of the chest and abdomen not examined.

We see here before us : 1. The exquisite, but anatomically as well as clinically, rare picture of a purulent, circumscribed, primitive arachnoiditis. 2. Pathogenetically we witness the development of a severe meningeal disease without any known cause, and leading to death in a few days. 3. In spite of all scientific pathological reflection, we involuntarily think that the lepto-meningitis stands in close connection with the preceding cutaneous disease. Although a disbeliever in metastatic doctrines, I cannot help mentioning a similar case of a little girl of eight years, who suffered for a long time from favus, which covered the whole head with thick crusts. After long and fruitless treatment, Mahon's ointment (axung porci \mathfrak{z} i, kali. caust. \mathfrak{z} i., natr. carb. \mathfrak{z} ij) was applied, and the favus disappeared in about eight days, leaving a smooth pink skin. After a few days she was attacked severely with meningitis and succumbed to it in less than three days ; a purulent-fibrinous exudation covered the whole convex surface of the brain from the os frontis to the base. *Two such conspicuous cases ought to be a warning to be very careful in the treatment of obstinate cutaneous diseases.* 4. This case gives us also an exquisite example of a purely *atactic* (and *agraphic*) *Aphasia* (I would like to call it *Alogy*), caused by an injury of the left middle cerebral lobe on its lateral and inferior part. Clinically it is of im-

portance that the patient, though fully conscious, could not express his thoughts either in speech or writing. It does not suffice to look for a point, where the words as symbols of an intellectual function make themselves known through the vocal organs (*Broadbent*); we must suppose a centre in the injured spot, where the thoughts can give expression by all possible external signs; it is not a disturbance of the current between intellectual centre and sensory organs, but between those and certain motory muscular contractions of the hands, which corresponding to the cerebral functions governs the activity of the muscles of the extremity,—although even such a definition cannot be satisfactory, as the patient was able to use his muscles rightly, as for example when he chose the tea, which he wished. 5. Finally this case proves, that a severe, suddenly appearing disturbance of the meninges need not give us the typically clinical picture of a meningitis (with loss of consciousness, vomiting) in as much as the sensorium of the patient remained unclouded up to the last moment.

The toothache was clearly a symptom of peripheral radiation.—The obstinacy of the cutaneous eruptions also remains unexplained, inasmuch as the repeatedly and carefully treated syphilis (without a trace of a visible specific affection of the lymphatic glands, of the mucous membranes, bones, etc.), can hardly account for it as ætiological cause.—*Wien. Med. Wochenschr. No. 13, 1874.*

MORBUS BASEDOWII.

A CASE OF, BY DR. BAUMBLATT.

Miss Eugenia, 27 years old, the daughter of wealthy parents, enjoyed good health up to May, 1870. Her menses appeared at the age of 15, and were always regular. She, as all the other members of the family are highly educated, a circumstance mentioned by many observers. I was first consulted about May, 1870, on account of the increasing weariness, short breathing and strong palpitations. On examination I found the formerly strong girl remarkably anæmic and all the mucous membranes, especially the conjunctiva, excessively pale, severe dyspnœa, great prostration, digestion still undis-

turbed. Menses only last two days, instead of five as formerly, and are very scanty. The heart's action greatly increased, not so much over a large space, but a kind of jerking, so that every beat concussed the whole left thorax; pulse large and full, 100 to the minute. At the mitral valve a loud systolic murmur, perceivable also in the blood vessels of the neck. All other functions normal. Mental and bodily rest were ordered with a sojourn in the country, strengthening diet and Bland's ferruginous pills three times a day.

But still anæmia and debility increased, she took to her bed, the heart became still more irritable, pulse 120, the dyspnœa changed to a perfect gasping for air, so that she laid in a perfect draught, doors and windows being kept continually open. She began now to vomit her food and sleeplessness troubled her greatly.

In order to moderate the action of the heart, Digitalis with Morphine were prescribed, locally mustard poultices and cold water compresses applied to the cardiac plexus and the iron pills continued. Still the dyspnœa symptoms increased in severity, appearing in paroxysms five to six times a day, and lasting from a quarter to half an hour. Carbonic-acid water for the steadily increasing vomiting. Some improvement set in towards the middle of June, so that patient could rest for a few hours at night, the heart's action was apparently more moderate, and she was able to leave her bed, though emaciated to a skeleton. She was carried to Bocklat to drink the chalybeate waters.

Just a year afterwards, May 1871, I was again consulted, and I felt astonished at the changes, which had taken place. Both bulbi protruded fearfully from their orbits, the thyroid gland enormously enlarged, severe palpitations again with dyspnœa, in short a perfect picture of Basedowian disease; her skin also was of a darker hue than formerly. With the increase of the heart's action the dullness also spread in breadth; loud blowing murmurs, especially in the left ventricle, severe beating of the carotids, murmurs in the bloodvessels of the neck. Pulse gradually increased from 100 to 130 a minute; temperature never rose over 100, but perspiration increased considerably. The exophthalmos gradually increased, and also the swelling of the thyroid gland, though both receded sometimes for a little while, the increase and decrease kept pace in both organs, respira-

tion short and accelerated, often decidedly orthopnoëic. The paroxysms differed in duration but increased in frequency; sleep restless and short; again vomiting and disturbed digestion; menstruation ceased. The mental functions did not suffer in the least during the whole course of the disease.

The disease ran also this year its course under the form of severe dyspnoëic paroxysms. The paroxysm always set in with short breathing, followed by severe palpitation, præcordial anguish, increased swelling of the struma and of the exophthalmos; the action of the heart became more and more stormy, the respiration shorter and more painful, till the patient feared to suffocate, exhausted and bathed in perspiration, she finally fell back. After an hour or two of rest the scene repeated itself, and thus three months passed, till finally with paralysis of the nervous system and perfect consumption of all vital power, death released the poor patient from all her earthly suffering. Her mind remained clear and undisturbed to the last minute of her life.—*Aerzt. Intelligenzblatt*, 33, 1874.

LEAD POISONING WITH HALLUCINATIONS OF SIGHT AND HEARING.

BY DR. POPP.

K., laborer in an earthenware manufactory, 30 years old, and of good constitution, was taken down with severe fever; p. 120, burning dry heat, excruciating headache, dry red tongue, rather pale and moist at the edges; discolored gums, foul breath from the mouth, dry and fissured lips, abdomen hard, not painful to pressure, gurgling in intestines, spleen not enlarged, urine of high color and salty, no albumen. Patient complained already the day before; had a severe chill towards evening, followed by fever; a restless night, with great thirst and increasing debility. In the burning of the tiles lead and zinc are used, which spread during the operation in large white clouds.

The following day the restlessness increased, as he saw many colored figures in constant motion as soon as he closed his eyes. After a few doses opium, rest and sleep. Continually small, thin, black stools; receives a teaspoonful karlsbad salt, which produces

more thin, black stools, with relief; abdomen is softer, pulse sinks to a normal state after the sixth day, gums normal, tongue moist, so that he appears reconvalescent. Muscular pains were only observed once and a while in the right pectoralis; the tired sensation in the lower extremities continued longer. During the evening of the seventh day, suddenly great restlessness; he hears everywhere threatening voices, officers come to arrest him, to seize his furniture, and to expel him from his lodgings. The voices come from the pillow, the mattress; they enter by the window, where he sees people, and they consult about him with closed doors. He gets up, looks for his clothing, wants to run away, to his lodge, etc. The next morning he sits at the edge of his bed, the eyes fixed steadily to the window, or looking about in a restless searching manner, pupils contracted and only of slow reaction, voice weak and dull; speech hasty, can hardly be understood, he recognizes all persons around him, replies correctly to all questions, but he cannot recollect what he ate yesterday, whether his bowels moved or not, and looks to his wife in an interrogating manner; insists, though as if he was afraid to acknowledge it, on the reality of his hallucinations.

R. Hydrate of Chloral, o, 5 every three hours; after taking I, 5 Chloral sleep during the night, wakes up fully conscious in the morning and recollects his hallucinations as a dream. On account of constipation he took a dose of Castor oil and then gradually recovered.—*Bay Intell. Blatt.*

A PELVIC ABSCESS ARISING WITHOUT SYMPTOMS.

BY DR. PANTHEL.

A woman, 36 years old, never sick, had five confinements in fourteen years. Again pregnant, she was delivered at term with a strong and healthy child. Puerperium and lying-in perfectly normal without the least disturbance, and after the twelfth day she felt well enough to be up and to attend to her light duties. At the nineteenth day she arose in the morning as well as ever with the intention to a careful toilette. Thus occupied for about half an hour she suddenly felt an excessively severe pain in the pelvis with urging to stool, and she discharged about a pint of creamy looking pus, smaler discharges

of a similar nature following during the day. Immediately after the first discharge a severe chill, the pains in the pelvis are constant and severe, appetite gone and giving place to excruciating thirst. The pains continued with the same severity for the next six days, fever steady, thirst the same, no stool for the last six days. On the seventh day the pains suddenly increased and the symptoms showed that perforation of the bladder had taken place, as the urine was mixed with fæces. Every two hours she had to get up to urinate, discharged for 5 to 8 seconds some foul smelling fluid, followed by an audible gurgling sound when the fluid of the abscess rushed into the bladder, this was so painful, that she immediately had to be put in a recumbent position or else she would have fainted. Without any essential change she suffered thus for two months, and was emaciated to a skeleton when death relieved her of her sufferings. During all this time she never had a natural stool, showing conclusively that the lower part of the intestinal canal was shut off by the morbid process. The abscess certainly must have formed during her last puerperium. I have been her family physician for years, and she complained of even trifling ailments, but never of anything which could have hinted to such a case. She sometimes had slight colicky pains from constipation, but they were easily removed. If the abscess had been present before confinement, it would have burst during labor, or at any rate it would have shown itself as an obstacle to labor. We see thus again, that pelvis abscesses may form without giving any sign of their presence with apparent well-feeling of the patient.—*B. K. W.* 38. 1874.

CLINICAL OBSERVATIONS TO THE DOCTRINE OF THE SURFACE-AFFECTIONS OF THE BRAIN.

BY DR. BERNHART.

1) Paretic debility of the extremities of the left side, especially of the arm, spasms in the muscles of the right side (musc. orbic palp. corr., front., of the nose and mouth, sternocleidom., platisma, biceps, supinat, and extensor dig., flexors of the right hand and fingers). Autopsy revealed neoplasmata in the cortex of the vertical lobe,

especially in the superior lateral and median part of the posterior central convolution.

2) Sudden and transient paresis of the left arm after an interval of apparent health. Spasm, slight on the left lower extremity, the left side of the face attacked at last. Autopsy showed a tumor in the lateral part of the right vertical lobe.

3) Paralysis of the left hand, amelioration, sudden death. Aneurysma at the place of union of the lower temporal convolution. The aneurysma did burst and the sudden diffuse extravasation of blood explains the sudden death. Numerous small foci of softening in the right centrum, but these had hardly anything to do with the paralysis.

4) Paresis of the right side of the body. Left lobe of the forehead and vertex hyperæmic, caused by many small emboli. Lobulus supramarginalis hyperæmic and changed in its structure.—*Arch. f. Psych. IV, p. 698.*

A BRAIN WITHOUT CORPUS CALLOSUM, GYRUS FORNICATUS AND SEPTUM PELLUCIDUM.

BY PROF. M. S. GERMANO, TURIN.

A man died from gastro-enteritis and the cadaver went into the dissecting room, where the professor wished to demonstrate the corpus callosum, but not a trace of it could be found. The whole brain was then put in alcohol to harden it for further examination.

On the convex surface of the hemispheres the furrows and convolutions are perfectly normal. Viewed from the median line it is easily seen, that the corpus callosum, the gyrus fornicatus, and the septum pellucidum are totally wanting. The marginal convolution is transformed in succession of convolutions running from the margin towards the fornix, filling up the place usually occupied by the missing parts. Every other part looked normal, only the anterior commissure appeared somewhat larger.

The man had been a farmer, served eight years in the army, and was known as an able workman, although of a quiet disposition. Nothing ever happened which could hint to a malformation of the brain.

A CASE OF INTERMITTENT MENTAL DISEASE.

BY DR. GAUSTER.

Patient, 35 years old, had in his childhood several attacks of intermittent, but regained his health after removing from the miasmatic country. Business carried him in 1871 to a swampy region, and he suffered while there from headache, especially in the afternoon, which he ascribed to severe mental occupation. In 1872 he suffered greatly from vertigo; 1873 his features turned sallow; during October he had a new attack of vertigo with the sensation, as if all mental power were gone; deep depression followed these afternoon paroxysms, he wished to die, and only the next day these sensations gradually decreased. The paroxysms returned every second day with restlessness, irritability, followed by deep depression, frequently he was beside himself; the paroxysm set in suddenly. In one of his paroxysms he became a raving maniac, so that he was carried to the asylum.

Close observation showed a tertian type, sudden setting in of anguish with craziness and fighting the nurses followed by depression; in the apyrexia a nearly total loss of will-power; the skin looked yellow, the spleen was swollen, the temperature increased during the paroxysm, which lasted from 18 to 24 hours. Quinine was given which changed the whole state to a common intermittent; but slight relapses took place, after he left the asylum, with dullness of memory and of thinking, and some anguish, so that he took Sol. Fowler's and Decoct. Chinæ for some time. No relapses afterwards. This disease was therefore only an intermittens larvata, a dumb ague as the people call it, producing a typical psycho-neurosis.—*Psychiat. Centralblatt*, 7. 1874.

CHLOROFORM IN PARTURITION.—Prof. *Hoppe-Seyler* discovered chloroform in the placenta of such women, who were delivered during chloroform-narcosis. He considers it therefore questionable, whether chloroform may not act injuriously on the foetus, as he also found it in the urine of the babes, extracted under chloroform narcosis. He does not doubt that the chloroform inhaled by the mother, passes into the foetal circulation, and that the child may thus also become narcotized. Further observations must show, what degree of anæsthesia may be dangerous to the life of the child.—*Berl. Klin. Wochens.* 21, 1874.

THE ACUTE TUMOR OF THE SPLEEN AND ITS
RELATION TO ACUTE INFECTIOUS DISEASES.

BY PROF. N. FRIEDERICH.

If we give the same attention to affections of the spleen as we usually do to the lungs, heart, liver, urea, etc., we soon find out considerable changes in the spleen. We do not speak here of recent swellings of the spleen appearing in the course of some acute primary inflammations of external organs, *e. g.* pneumonia, pleuritis, etc., where we only deal with slight hyperplastic turgescence, which is nearly impossible to detect during life, and which are only found out at the dissecting table, but even these cases prove that the spleen represents an organ composed of highly susceptible elements, and which even in simple hyperæmic, fluxionary irritations, or with a temperature raised by the feverish blood, is apt to show reaction in the hyperplasia of its pulpos elements.

There are many acute febrile diseases where splenetic tumors are found of such a large size that they can be easily percussed, and palpation shows them to project over the arch of the ribs, and in such cases we have to look for another cause which changed the pulpy elements of the spleen to such considerable hyperplastic proliferations. Considering that in all acute infectious diseases (typhus, septicæmia, intermittens, etc., large splenetic tumors are the rule, we are forced to acknowledge foreign substances, infecting the blood, as the cause which in an especial degree irritates the spleen. The ease with which the spleen reacts on certain noxious matters, present in the blood, can be easily understood by looking to its large quantity of blood and to its anatomical relations. We know that the arteries in the spleen break up in very fine arterioles and capillaries, interspersed by gaps, and that the blood discharges itself in wide spaces without walls (intermediary courses for the blood), from which the veins, which also begin as cribriform canals, collect it again. The slowness and indolence with which the blood discharges itself through these wide intermediary lacunæ, as well as the relations in which it stands here to the pierced places of the blood vessels, to the excitable lymphoid cells and tender fibrinous nets of the pulp, explain why noxious matter, infecting the blood, is so easily retained in the spleen, accumulates there, and develops with especial intensity

its irritating action on the tissue. Among all infectious diseases we meet this most frequently in *abdominal typhus*. Even in very light attacks, we often meet undoubted swellings of the spleen, and we would only consider a case as ileotyphus which decidedly offer a fresh splenetic tumor, and in all doubtful cases we consider the splenetic tumor as the essential criterium for the typhoid nature of the disease. Still we must not forget that there is not always an exact proportion between the splenetic tumor and the severity of the fever. We may find in typhus levissimus a very large swelling of the spleen, and vice versa, in very severe cases, the tumor may not reach such a magnitude. I treated most severe cases of ileotyphus with continued 40° C. [104° F.] temperature, and the spleen during the whole disease was only very moderately enlarged. It would be wrong to consider the size of the spleen as the measure for the intensity of the fever, and in every case we must look to the individuality of the patient (local constitution) and the different grades of power of resistance residing in the elements of the spleen, by which it is enabled to react more or less against the irritating action of the infectious matter by hyperplasia of the pulp. Still it must be confessed, that the spleen possesses only rarely such a power of resistance to the irritating qualities of the typhus-poison that it would not swell up to such a degree as to be easily demonstrated, and though rare cases may happen where during the whole course of the disease a splenetic tumor could not be demonstrated with certainty by percussion, we consider these cases exceptional ones, which do not exclude the existence of a moderate tumor.

The splenetic tumor develops itself mostly at the very beginning of abdominal typhus, and, as a rule, is one of the first symptoms of the disease, thus proving that the parenchyma of the spleen possesses an especial sensitiveness for the typhus-poison lurking in the blood. We find frequently the spleen already enlarged on the second or third day of the disease in such a degree that it projects beyond the ribs, and we might ask, whether such enlargement did not already begin before the setting in of the fever and the other morbid symptoms. Accidently, I proved the truth of this assertion in one of my assistants. Dr. K. spoke of a splenetic tumor which he had discovered on himself. An examination re-

vealed the truth of his assertion, as the spleen could be felt projecting. Yet he felt perfectly well, neither intermittens nor any other disease, which could leave a swelling of the spleen, preceded it. A few days afterwards febrile symptoms appeared and he passed through a severe attack of typhus, after which the spleen returned to its normal size. We may put it therefore as an axiom, that *the beginning of typhoid swelling of the spleen may be considered as the first and sole action of the infectious matter residing in the blood, even during the stage of incubation*, although we may be only able to demonstrate it by percussion and palpation after a few days have passed.

Just as the spleen is one of the first organs which shows any alteration in typhus, so also is the splenetic tumor in severe cases of long duration, and we often find it undiminished in size during the stage of convalescence. It takes some time after the disease has run its course, till the hyperplastic elements of the splenetic tumor are dissolved and absorbed and till the tone of the contractile elements of the tissue of the spleen and of its vessels becomes gradually restored by nutritive restitution. I may also remark, that I fear relapses of typhus during convalescence, when the splenetic tumor drags its slow length along. As soon as the spleen returns to its normal size, the danger of a relapse is removed.

DIPHTHERIA FAUCIUM.

Let us next consider *diphtheria faucium*, where I join that side which considers the throat affection as a localization, as the local expression of a general infection. I have met frequently cases where general malaise and fever preceded the local affection by a few days. Although we find in works of pathological anatomy scarcely any mention of the presence of splenetic tumors in autopsies after diphtheria, we may explain this by the smaller size of the tumors in diphtheria, which collapse after death. I also must acknowledge, that I was never able to demonstrate the presence of a splenetic tumor in diphtheria, as a constant clinical phenomenon, but still in most cases, partly before the full development of the local affection, I could prove without great trouble the existence of a splenetic tumor by percussion ; yea, even in some cases it projected beyond the ribs, and I consider this as also a proof of the nature of the affection as a

primary general infectious disease. The diphtheritic tumor differs from the typhus tumor, that it quickly recedes with the abatement of the faucial affection and of the fever, whereas in typhus the tumor remains for a long time during convalescence.

ACUTE EXANTHEMATA.

In relation to *acute exanthemata*, I have demonstrated in a series of cases of *variola* considerable splenetic tumors even in the prodromal stage. *Birsch-Hirschfeld* thought that they are more frequently in the hæmorrhagic form, but I found them also in the common small pox. *Trojanowsky* emphasizes the presence of splenetic tumors in *scarlatina* and *morbilli*, but he only observed them, where after a short time a second eruption followed the first imperfect outbreak of the exanthema. But according to my experience, clinically demonstrable splenetic tumors may be also discovered in the majority of regularly developed cases of these exanthemata, and running their ordinary course. In some cases of *scarlatina* I even demonstrated the presence of the splenetic tumor during the prodromal stages and in most cases after the eruption was fully out, whether the disease was accompanied by diphtheria faucium or not. We just passed (winter 1873-4) through an epidemic of measles, and had an opportunity to witness moderately sized splenetic tumors.

ERYSIPELAS FACÆI.

Of especial interest is the nearly regular presence of splenetic tumors in *erysipelas faciei*. Some authors tried to prove that this affection must always be considered a traumatic one, inasmuch as it always emanates from small wounds and excoriations, mostly on the nares, and in many cases this cannot be denied; but on the other side we see cases enough where every trace of such an origin is wanting, or where the affection begins at the bridge of the nose, and where the smallest scratch could hardly be overlooked. In all such cases we rather believe in a primitive infection of the blood, in consequence of which the local affection, analogous to the acute exanthemata, becomes developed. The cyclical course also, limited to a few days, of facial erysipelas reminds us far more of relations as we find them

in acute exanthemata, than of the more protracted course and malignant character of traumatic erysipelas. I can assure my readers that I hardly ever miss the splenetic tumor in the usual facial erysipelas, and I have seen it of such a size that it projected considerably beyond the ribs. Albuminuria in such cases points sometimes to a simultaneous parenchymatous irritation of the kidneys, produced by the poison in the blood. With the decrease of the fever and the healing of the cutaneous affection the splenetic tumor disappears, nor do we find here the same tenacity as during typhus. Where the skin-affection is tardy to yield we also find the splenetic tumor remaining during the whole stage of convalescence.

ACUTE CORYZA.

You may perhaps consider it risky when I affirm that certain diseases which are usually considered as the effect of simple local irritation, or mere local inflammations, may also be added to the group of acute infectious diseases. Thus we have a form of acute *coryza*, which must be considered decidedly as an infectious disease. After an initial chill the fever soon rises to a considerable height, the patient feels very ill, and a severe disease is feared. An acute coryza breaks out on the second or third day, which does not stand in proportion to the intensity of the fever and the excessive general malaise. With the development of the local affection the fever quickly recedes, and in a few days the attack is over. Physical exploration shows the intactness of all internal organs; only a decided splenetic tumor can be recognized, which again disappears with the disappearance of the fever. It would be wrong to consider such a febrile storm as the consequence of the inflammation of the nasal mucous membrane, inasmuch as the former precedes the latter. We rather recognize in relation of its development and course a great analogy with the acute exanthemata, and I believe that, especially when we also consider the presence of the splenetic tumor at a time before the eruption of the local affection, the infectious nature of this coryza becomes plain enough. Allow me to give you such a case in my own medical family. Dr. G. was suddenly attacked with severe fever and complained of headache, loss of appetite, excessive lassitude and malaise. On the following day a splenetic tumor,

protruding over the ribs, could be easily felt. During the night a severe coryza set in with rapid decrease of the fever, so that on the fifth day the temperature was again normal. On the sixth day the tumor of the spleen began to decline, and passed off entirely after a few days.

ANGINA—ACUTE PNEUMONIA, ETC.

We also meet sometimes peculiar forms of *angina pharyngea tonsillaris*, preceded by an intense fever entirely out of proportion to the local affection, where we also meet the splenetic tumor in some cases, and which, therefore, also may be classed among the acute infectious diseases. I consider of especial importance certain forms of *acute pneumonia*, which I consider decidedly as the expression of an infectious affection. Such a pneumonia differs in many ways from the usual, so called genuine, croupous inflammations of the lungs as we so frequently find them after colds, especially with prevailing sharp northeasters. The peculiar course of the local inflammation is already different. Whereas the usual primary pneumonia and pleuropneumonia set in in such a manner that after an initial chill, a certain part of a lung, perhaps a lobe, simultaneously and equally inflames and hepatizes, the latter remaining limited to the extent affected, and after a certain number of days, mostly from five to seven, equally and on all points nearly simultaneously, passes into resolution with sudden decrease of the fever and critical manifestations, we see, on the contrary, in the pneumonia of which we speak, the inflammation begin at a circumscribed spot, and by physical examination we easily follow its course and see how the hepatization from day to day progresses over large spaces. I have seen cases where the whole lung of one side became thus affected, where the pneumonia began posteriorly in the lower lobe, steadily progressing through the middle portion to the apex, so that whereas in the upper portion and anteriorly hepatization was still progressing, resolution already took place in the places where it first started. On account of this migratory, serpiginous course, such inflammations of the lungs are not bound to a limited cyclus of days, as we usually observe it in the common genuine pneumonia. The fever lasts uninterruptedly 10, 12, even 14 days and over; the crisis does not follow so quickly and

rapidly, and the transition to defervescence rather takes place by lysis, than by a sudden critical decadence. In one case, I only observed at the fifteenth day critical decrease of fever with the breaking out of copious perspiration and numberless miliaria. On account of this protracted course and of the decided tendency to affect both sides, such migrating pneumonia are far more dangerous, and sometimes take on a really malignant pernicious character at the acme of the hepatization, with the development of more or less icteric coloring of the conjunctiva, with the appearance of deliria, dry tongue, diarrhœic, sometimes involuntary evacuations, and remarkable collapse, and thus show a certain outlying similarity to severe typhoid diseases. But what I always considered extremely remarkable in these wandering pneumonia, and which convinced me of their infectious nature, was the splenic tumor which could be demonstrated as early as on the first day of the disease, and which sometimes increases to such a size that it protrudes three and four fingers length over the ribs, and palpation can be easily performed. These tumors remind one quite forcibly of the typhus-spleens; whereas they differ from them in their quick reduction to the normal size with the reduction of the fever, and thus approach rather the relations found in diphtheria, acute exanthemata and erysipelas. It can be easily shown, that we do not deal here with simple hyperæmic tumors, arising from passive blood-stasis, but, in fact, with hyperplastic swellings, as they are present already at the beginning of the disease, at a time when hepatization has not yet gained a great extension, and that they grow to such a size, as we do not find it usual in pneumonia, or in other local diseases passing off with obstructions in the lesser circulation, *e. g.* pleuritic exudations. Not only ætiologically and symptomatologically do we find the greatest difference between serpiginous and the usual croupous pneumonia, but also therapeutically, as the latter contraindicates an antiphlogistic treatment, and is rather benefited by quinine and nourishing diet.

Considering the peculiar serpiginous course of such a pneumonia, and the decided tendency to affect both sides, and also their frequency at a time when erysipelas is frequent in our wards, the question is not far distant whether such pneumonia do not stand in ætiological relation with erysipelas, or are identical processes, and in my clinical

lectures I designate them always as *erysipelalous pneumonia*. Only from the standpoint of individual differences in the local constitution of the different organs, and from their morbid diathesis based thereon, can we understand why the same infecting substance attacking the whole body develops itself at one time as erysipelas faciei or as pneumonia, or as an inflammation of the pharynx, etc. But in all of them, as in general in all infectious diseases, we meet the active acute tumor of the spleen as the organ which constantly and, in most cases, rather early reacts in a most sensitive manner against the infectious matter present in the blood. I am convinced, that by carefully noting these stages in the spleen, we will be enabled to diagnose the infectious nature of many diseases hitherto considered as local affections, and that we may thus extend the territory of acute infectious diseases.

CAUSE OF INFECTIOUS DISEASES.

Let us study now how the spleen swells up in acute infectious diseases. A substantia viva (contagium vivum s. animatum) is now-a-days considered as the most probable cause of these affections, and this contagious substance is described as belonging to organisms grouped together under the name of Schizomyceti, (mikrospori, micrococci, bacteriæ, bacteridiæ, vibriones, spirillæ, etc.), and their presence established in most acute infectious diseases, as in typhus, recurrens, diphtheria, pyæmia, and septicæmia, acute exanthemata, erysipelas, etc. Long before physicians considered these low vegetable organisms as of the greatest importance for the genesis of acute infectious diseases, the idea prevailed that on account of their typical course there must be a kind of fermenting process in the blood, and the morbid phenomena, as the consequence and the expression of this fermenting process taking place in the blood. According to the ideas prevailing now-a-days, we would say that the schizomyceti are the ferments coursing in the blood, a process analogous to that which takes place when we add a ferment to a substance capable of fermentation, as yeast to a solution of sugar. But considering it closer, we doubt whether we succeed in establishing the identity of both processes. The process of fermentation begins in substances capable of fermentation in the shortest time after adding

the ferment, may the quantity of the fermentator be ever so small, and fermentation can only be prevented by adding substances inhibitory to fermentation. The process of fermentation continues with progressive rapid increase of the fermentative organisms until the last remnants of the fermenting substance have finished their chemical changes. But in acute infectious diseases, we frequently see an early stoppage and rapid retrogression of the pathological process without our intercession, (abortive forms,) and the morbid phenomena frequently begin only a long time after the infection takes place: after a very long stage of incubation. If we examine the blood of a person who (*e. g.*) succumbed to a severe typhus which rapidly ran its course, where do we find these chemical and histological changes which might remind us, even distantly, of a process analogous to fermentation? Pathological chemistry still owes us the proof that peculiar chemical changes take place in the blood, by which it differs from the blood of other febrile, not infectious diseases. It is true, the schizomyceti must deprive the blood of some parts necessary to their sustenance and life, but without producing thus qualitative changes or deeply penetrating chemical alterations in an analogous manner, as we observe chemical changes in fermenting fluids. We greatly doubt whether an analogy between acute infectious diseases and fermenting processes can be proved, and I dislike, therefore, the designation "zymotic diseases," by which some acute infectious diseases are described by many authors.

The idea is often promulgated that the schizomyceti, after having entered the body in some way or other, find there a favorable soil for their development, and thus there is a certain analogy between acute infectious diseases and fermenting processes. But nobody can affirm, that the multiplication of their germs ever reaches such a rapidity and magnitude as we witness in the development of organized ferments in fermenting fluids. It is well known in how short a time the yeast cells multiply enormously in a fermenting solution of sugar; we see vibriones and bacteriæ in alkaline fermenting urine in such quantities after a few hours that they render the fluid cloudy, and are found in a thick sediment at the bottom of the vessel. It has been asserted that a single bacteria, dividing itself into two halves in the space of an hour, and such a process continuing only

for five days, if the progressive hyperplasia receives no check, such a quantity of bacteriæ would be generated as to fill up the whole space of the ocean; and if such an assertion is true, can we still believe that the human organism offers a suitable soil for the life of schizomyceti? If such were the case, every infectious disease would cause death in a very short time by thrombosis of all blood-vessels, and by infiltration of all organs and tissues with schizomyceti. But how small, on the contrary, is the number of these low organisms which we find in the blood during acute infectious diseases. We are rather inclined to believe that the schizomyceti find a very unsuitable soil for their development in the human organism, that their life here is a very short one, and that they soon succumb to the obstacle which the living organism, the moving blood opposes to the conditions of their being, and to the faculty of reproduction. They may multiply in the human organism to a certain degree, and even proliferate to relatively copious masses, but their life is full of sorrow and their days are numbered. Neither do we believe to derivate the course and the symptoms of acute infectious diseases simply from the presence of schizomyceti in the blood as bodily particles, from their physical actions, perhaps from mechanical irritations which they set up from their movements in the parenchyma of the organs; for they are so small that these minimal organisms can freely and easily move through the finest capillaries, and when they occasionally here and there fasten themselves in small vessels and proliferate therein to larger quantities; only local circulatory disturbances and its sequelæ will be the result; or they may cause circumscribed inflammatory and purulent foci in the surrounding parenchyma by proliferating in such places through the walls of the blood vessels.

We rather lean to the theory, according to which, some fluid secreted by the schizomyceti during their life in the blood, may be considered as the noxa in acute infectious diseases. Thus we might consider the schizomyceti as the cause of blood-infection, but only their products as the cause from whence the phenomena of the disease emanate. We acknowledge thus the most virulent nature of this secretory or excretory fluid, by which even relatively small quantities are able to

produce such noxious action on the function and nutrition of the organs of the infected body. The morbid phenomena must be taken in a certain sense as the expression of an intoxication produced by a fluid virus ; but the difference from the usual intoxication caused by a toxic, organic or anorganic substance will be found, that here the whole quantity of the poison present in the body enters as such from the outside, whereas in acute infectious diseases, the poison, through the continued activity of life of the schizomyceti, accumulates in the blood and increases there, till they fall exhausted from the hostile opposition of the organism attacked, and thus a stop is put to their reproduction. Still a close parallel may be offered between both forms of poisoning. I would only remind you, without mentioning the splenic tumor, especially the parenchymatous degeneration of the kidneys, of the liver, of the cardiac muscles, etc., found in acute infectious diseases, as well as in poisoning by Phosph., Arsen., Acids, etc., and I conclude to blame rather the irritating action of the poisoning substances circulating in the blood than the noxious effects of the heat of the blood during the febrile paroxysm.

DIFFERENTIA.

Let us finally take notice of the different anatomical disturbances and clinical symptoms, whereby one acute infectious disease differs from another, and we find that there must be different poisons, and just as we see that the different organic and anorganic poisons, *e. g.* strychnine, morphine, atropia, hydrargyrum, plumbum, etc., although coursing through the whole circulation, still show their special individual action on some particular organ or tissue, and thus alter its function and nutrition, the same must take place from the organic poison secreted by different forms of schizomyceti ; although they mostly appear as mere points, their morphological identity is still only apparent, and microscopes of a higher power than we now possess may in the future reveal the differences in the internal organization of these smallest living beings. We distinguish in fact, already, the bacteridiæ of pustula maligna from the spirilli of febris recurrens. *Klebs* diagnosed the microsporon septicum of septicæmia, and *Letzerich* showed the peculiarities of the schizomycetus found on diphtheritic deposits.

We may now easily understand, that at first, when the poisonous product secreted by the schizomyceti, is still in small quantity and greatly diluted by its admixture with the blood, noxious effects are not observed. After a while, the germs in the blood increase considerably, the poison in the blood becomes thus more concentrated, noxious effects set in on the nerves, (fever,) and the specific morbid symptoms follow. Thus, we easily explain the *stage of incubation*. According to the different quantity of the germs originally taken in, and according to the larger or minor power of resistance, the quantity of the poison reaches sooner or later the concentration necessary for the production of the symptoms of the disease, and thus the difference in time of the stage of incubation in the different acute infectious diseases becomes clear.

Only in the spleen, the poison soon reaches such a concentration as to produce irritation and changes in the pulp before other symptoms appear, and we find it already affected in the stage of incubation. And in nearly the same proportion, it is again the spleen where the germs remain the longest, and which is the last to be purified from the poisonous fluid, and the splenetic tumor therefore can often still be demonstrated after all the morbid phenomena have passed away; especially in ileo-typhus, we find the splenetic tumor even during the whole convalescence. This obstinate remaining of the germs in the spleen explains also the frequent relapses in ileo-typhus, inasmuch as some of them revive and regain their reproductory power, and thus cause a new infection. Clinical experience has long ago shown that relapses in ileo-typhus only happen as long as the splenetic tumor is present, and that such a patient can only be considered safe when the spleen regains its normal size. The same has been found true in intermittens.

DURATION OF THE DISEASE.

The *duration of the disease* may be counted from that moment when the poison in the blood reached that concentration necessary for the production of febrile symptoms, till to that moment when the last remnant is discharged from the blood. Between these two limits we must consider two factors in relation to the variable duration of the disease: on the one side the quantity of the germs taken

into the body, and on the other side, the sum of resistance which the organism is able to offer to the life and reproductory power of the germs. The larger the quantity of the germs, the more intensive, *ceteris paribus*, the morbid symptoms; the smaller resistance which the organism is able to offer, the greater the danger. Where the power of resistance is great, and the quantity of germs which entered the body small, the disease will be light and short, (abortive forms,) or even in spite of infection, no morbid symptoms will result. During epidemics many persons are exposed to the infection, but only such persons will be attacked where the power of resistance is not strong enough to extinguish the life of the penetrating parasites. Everything which weakens the organism does not increase the aptitude of taking in the morbid germs, but it reduces the power of resistance, and experience has shown over and over, that persons weakened and exhausted by debilitating processes, (excesses, depressing effects, etc.,) run the greatest danger, and experience also teaches, that in the treatment of acute infectious diseases we have to keep up strength; we must try to increase the power of resistance in order to gain time for the extinction of the life and reproductive power of the germs. Quinine earns fully its great reputation in these diseases, for it is well known to possess that eminent quality of hostile reaction against all low vegetable organisms.

It is well known that schizomyceti for a long time, when favorable conditions for their development and reproduction are wanting, may keep up a latent life, but that they wake to new life with the return of favorable conditions. We know, that during a long time dried-up bacteriæ develop themselves again in moist air, and that even a temperature of -18° (0, 4° F.) does not kill them, and that under favorable circumstances, they may thaw up and return to life. *Coze* and *Feltz* have shown for the putrid infection, that the dried and pulverized blood of infected animals keeps up its latent power. Thus, and only thus, it becomes natural to our understanding how epidemics disappear and reappear. The continuity of the contagium is thus proven, and we can dismiss every idea of a *generatio aequivoca*.—*Volkmann's Klin. Vortraege No. 75.*

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

LETTERS TO A MEDICAL STUDENT.

NO. I.

My dear friend:—Of late it has seemed to me that all the books written in our school are addressed either to the physicians or to the laity, and that nearly the whole of our journals are occupied with papers intended for the same important classes, and that thus the students are almost wholly ignored. This is hardly fair. Our students are the hope of the school, and no effort should be spared to train them up in the way they should go, assured that, when they are old, they will not depart from it. If we have thoroughly educated and well skilled students, our school will go on from victory to victory, till it is really what some seers among us claim it will yet be, the one truly scientific school of medicine. If we have half educated and imperfectly instructed students, our school will degenerate and retrograde till in the swamps of empiricism, and the morasses of polypharmacy, the beacon light of similia is only saved from extinction by its heaven-born origin, for *the truth can never die*, and not all the short-coming of its professors can extinguish the light which gleams on the altar of homœopathy. Again, the students of to-day are the physicians of a few years hence, and from them, in time, will be developed the editors and writers and lecturers of the future, and thus it is that you are really a most important class in the school of physicians which honors Hahnemann as its founder.

In the first place let me congratulate you on making your first appearance on the homœopathic stage at a most auspicious epoch. Things are very much more favorable with you than when the present writer commenced his professional career. I have the clearest recollection that my relatives firmly believed that I had embarked my time and means in a wild-goose chase, which was certain to end in disaster and ruin. As I passed along the streets of our good

town, people whispered to each other that Mr. so-and-so was engaged in the study of a quackery as preposterous as the grotesque imaginings which issued from the brilliant but demented brain of Dean Swift. This, of course, was many years ago. I kept on in the even tenor of my way, and as years passed on, these people saw that my venture, even from a financial point of view, was not as foolish as they thought it was, and I had the proud satisfaction of seeing some of my revilers engage in the study and practice of the once despised homœopathy. It is different with you. You commence your career at a time and in a place where a large and intelligent section of the people sympathize with you, and your future course is very much brighter than mine was.

Twenty years ago, we were poorly supplied with text-books. He was looked upon as well-equipped who owned Hartmann's "Acute and Chronic Diseases," and perhaps Marcy's Practice and possibly, Laurie's. Now, in addition to minor works, we have Bæhr's masterpiece, and Ruddock's magnificent "Text Book of Modern Medicine and Surgery on Homœopathic Principles," which, to the student, is even more valuable than Bæhr. All of us had Hull's Jahr," and some of us had Teste's Materia Medica, but now you have the noble work of Hempel, that "old man eloquent," besides many other meritorious works, of which one of the finest is the still incomplete "Comparative Materia Medica" of Dr. E. A. Farrington. All of the students twenty years ago owned "Sharp's Tracts;" and Sharp has stamped the impress of his keen and logical mind on the professional characters of many hundreds of American homœopaths; and a very few of us had that grand book which is still too little read, "Dudgeon's Lectures on Homœopathy," than which, with all due respect to Granvogl, we have nothing better even now. Of course, in those days, we all read and pondered over the immortal Organon, and, as we had but few books, we spent much time in discussing what we had read. Then we had no homœopathic midwifery; now we possess in Guernsey's book a work which, in spite of some Gulliverian physiology, is worthy of being compared with the brightest books of the dominant school of medicine. Then the Eastern student conned "Helmuth's Surgery," while the Western ones swore by "Hill and Hunt," but now you enjoy the latest products of Helmuth's genius,

and ought to possess a knowledge of this important branch infinitely above the knowledge of your seniors. Then, all we knew of the American remedies was contained in the first volume of the American Institute Transactions, which merely treated of some half dozen remedies; now, Hale has lifted the veil and given us many remedies which are a grand reinforcement to the older homœopathy. With books, then, you are decidedly better supplied than we were twenty years ago.

Almost the same may be said of our colleges. Twenty years ago, we had but two colleges, located in Philadelphia and Cleveland. Now, we have these schools, both very much improved, and also others of similar excellence, in New York, Boston and Chicago, besides several minor schools, and special schools for women. I am inclined to the opinion, that though the schools are unquestionably better, particularly having far better clinical advantages, that the students are not very much better than were the students of my time. In other words, they don't appear to avail themselves of the advantages offered to them. I am inclined to think, also, that the multiplicity of text books tends to confuse the student's mind, and that one of the things most urgently needed is a thorough drill in books and topics of vital importance. But we will discuss this subject in our next letter, and in the meantime, I remain

Yours faithfully, PORTELANCE.

BACK VOLUMES AND NUMBERS.—Our friends who desire to make up their volumes for binding will be supplied, postage at our expense, single numbers at 14 cents, and unbound volumes for \$1.50 each.

SCHENCK.—Dr. Schenck, the patent medicine man, is said to have died from a "complication of disorders." He must have been in the habit of taking his own medicines, says a heartless exchange which has probably coined money advertising his drugs.

ATTENDING LECTURES.—A student writes: "*Is there a possibility of obtaining a knowledge sufficient to obtain a Diploma without attending Coledge over about 6 months.*" We reply: Yes. Some colleges (?) issue degrees (?) to such intelligent students as yourself without attending any lectures.

REGISTERED LETTERS are now sent for a fee of *eight cents* from any Post Office in the United States. This is a safe mode of transmitting money, and we take the risk of all subscriptions to the *Observer* that are so forwarded. *We have not yet lost one such remittance.* Money orders under ten dollars are now issued for five cents, and this is the best method if yours is a money order office. Postmaster's fees and postage may be deducted from amount sent when it exceeds three dollars.

Book Notices, Etc.

ESSAYS ON MEDICINE: Being an investigation of Homœopathy and Medical Systems, by Wm. Sharp, M. D., F. R. S., London, Eng. Henry Turner & Co., 1874.

The tenth edition of Dr. Sharp's Essays comes to us in an octavo volume of 809 pages, cloth binding, gilt upper edges, with a good index. It is printed on fine paper, with large type. There are twenty-six essays, embracing Homœopathy, its principles, difficulties and advantages, with kindred topics, which are treated in a very lucid manner. The chapters on Medical Systems, Physiological Action of Medicines, Organopathy, The Anatomical basis of Therapeutics, and The Action of Drugs, are particularly forcible and interesting.

RECENT PUBLICATIONS.*

AMERICAN.

- Apgar*.—Plant Analysis; adapted to Gray's Botanies, Ivison.
Cohen.—Croup, in its relations to Tracheotomy, Lindsay & B.
Howe.—The Breath, and the Diseases which give it a Fetid Odor, Appleton.
Scott.—The Sewage System, Spon.

FOREIGN

- Bardeleben*.—Beiträge zur Anatomie der Wirbelsäule.
Burkart.—Die Harncylinder mit besonderer Berücksichtigung ihrer diagnostischen Bedeutung.
Cohn.—Vorarbeiten für eine Geographie der Augenkrankheiten.
Foster.—Clinical Medicine: Lectures and Essays.
Frisch.—Experimentelle Studien über die Verbreitung der Fäulniss Organismen in den Geweben und die durch Impfung der Cornea mit pilzhaltigen Flüssigkeiten hervorgerufenen Entzündungserscheinungen.
Genth.—Atlas der pathologischen Anatomie.
Handbuch der speciellen Pathologie und Therapie, bearbeitet von v. Bamberger, Biermer, Falck. Redigirt von Rdf. Virchow. 1. Abth. 2. Lfg. 2 Aufl. Inhalt: Lehrbuch der Hautkrankheiten, bearbeitet von Fd. Hebra und Mr. Kaposi.
A. und R. Kaltenbach.—Die operative Gynackologie mit Einschluss der gynækologischen Untersuchungslehre.
Pagenstecher.—Des Augapfel.
Pereira.—Elements of Materia Medica and Therapeutics.
Pinard.—Les Vices de confirmation du bassin étudiés au point de vue de la forme et des diamètres antéro-postérieurs.
Vulpian.—Leçons sur l'appareil vasso-moteur (physiologie et pathologie) faites à la faculté de médecine de Paris.
Wenkel.—Eléments d'anatomie et du physiologie pathologiques générales. Nosologie.
Weigert.—Anatomische Beiträge zur Lehre von den Pocken.

* N. E. Med. Gazette.

SPECIFIC DIAGNOSIS: a study of disease with special reference to the administration of remedies, by John M. Scudder, M. D., 1874. Cincinnati: Wiltach, Baldwin & Co.

Specific diagnosis and specific medication are counterparts. We hail with a large measure of satisfaction every advance made by the liberal minded men of the eclectic and allopathic schools towards definiteness in the study of disease, the action of medicines, and the application of remedies. Prof. Scudder is doing a good work, the profession are indebted to him for several books of value, and the present ranks fairly with the others. The author says :

“We believe that the expressions of disease are uniform, and always have the same meaning, and that the action of remedies is something definite and uniform—‘*that like causes always produce like effects.*’ If we properly study our cases, so as to determine a definite condition of disease, and know the direct action of remedies in such conditions, we will have a certain and rational practice of medicine.”

ADVANCEMENT OF SCIENCE. The inaugural address of Prof. John Tyndall, D. C. L., L., etc., delivered before the British association for the advancement of science, at Belfast. New York: Asa K. Butts & Co. 1874. Price 50 cents.

A 12 mo. pamphlet of 105 pages, containing a biographical sketch of Prof. Tyndall, and his celebrated inaugural address, to which is added the article on the subject of prayer by himself and Sir Henry Thompson, which have excited so much controversy.

VICK'S FLORAL GUIDE for 1875. Published quarterly by James Vick, Rochester, N. Y., at 25 cents per year.

The number before us contains 132 octavo pages and is the finest piece of typography we have seen. Mr. Vick has prospered and knows how to use his means rightly, he employs the best artists and pays them liberally. He offers to receive contributions for the sufferers by the grasshopper plague, and will add \$500, to the amount received ; he will also receive contributions for seeds for the same sufferers, and will add \$500 to this fund. Such liberality will be blessed by the Great Giver.

The Christian Standard, Cincinnati, Ohio. \$2.00 per year—

Will appear in an entire new dress for 1875. One of the best religious papers published.

HOMŒOPATHY IN VENEREAL DISEASES: by Stephen Yeldham, L. R., C. P. Ed., M. C., R. C. S. Third edition, revised and enlarged. London, Henry Turner & Co., 1874.

This third edition contains a good index and is in every respect an improvement on former editions. The sections on condylomata, on affections of the brain and spinal cord, and of the eye, and on syphilis in children, are entirely new. The division on tertiary syphilis has been, to a considerable extent, recast and expanded; and the whole work has been revised and emended, in accordance with the writer's latest experience.

Dr. Yeldham's opportunities for accurate observation have been frequent and the record of his cases proves that he has been accurate and skillful. His book can be commended to the profession as one of the best we have upon the subject.

DAKE'S POCKET RECORD and Visiting List for any year :

—*Lodge's Pharmacy, Detroit, Michigan.*

Contents: Ordinary calendar; obstetric calendar; tables of poisons and antidotes; eruption of teeth; pulse; temperature; ready method in asphyxia; list of nurses, addresses, memoranda, vaccinations, obstetric engagements, deaths, etc. Size $7 \times 3\frac{1}{2}$ and only $\frac{1}{2}$ inch in thickness, and yet two pages for each day's practice is provided. This is done by a set of blank books, one for each month, to be slipped in the morocco cover. These blank books are only $\frac{1}{8}$ of an inch thick, ruled for name and residence of patients, person, age, remedies, symptoms, disease, visit, prescription, charge, etc. We have used nearly all the various forms of visiting lists, and have now adopted this arrangement of Dr. Dake's which gives the best satisfaction. The record, etc., set of 12 books, ruled and printed, and the morocco cover costs only \$3.50.

SCRIBNER'S MONTHLY. Scribner & Co., 654 Broadway, N.

Y. \$4 per year. With St. Nicholas, \$7.

Scribner's Magazine is the *best* literary magazine that comes to our table. It has the best matter, the finest engravings, and faultless typography.

ST. NICHOLAS for 1875. Scribner & Co., N. Y.

An *unexceptionable* magazine for Boys and Girls at \$3 per year. With Scribner's Monthly, \$7.

The Laugh Cure.

"A merry heart doeth good like a medicine."—Solomon.

A MEDICAL MISER.—An anecdote is told of Velpeau, the eminent French surgeon, who was a miserly disagreeable man and died some few months ago. He had successfully performed, on a little child five years old, a most perilous operation. The mother came to him and said:

"Monsieur, my son is saved, and I really know not how to express my gratitude. Allow me however, to present you with this pocket-book, embroidered by my own hands.

"Oh, Madame," replied Velpeau sharply, "my art is not merely a question of feeling. My life has its requirements like yours. Dress, even, which is luxury to you, is necessary for me. Allow me, therefore, to refuse your charming little present in exchange for a more substantial remuneration."

"But, Monsieur, what remuneration do you desire? Fix the fee yourself."

"Five thousand francs, Madame."

The lady very quietly opened the pocket-book, which contained ten thousand francs in notes, counted out five, and after politely handing them over to Velpeau, retired. Imagine his feelings.

DEGREES.—Once upon a time a Scottish clergyman made a journey to Aberdeen to procure the degree of D. D. It was conferred for the fee of £5. He then proceeded to instruct his man of all work to apply the title of Doctor to him on all occasions. Ye maun say, "*The Doctor is in his study; the Doctor is out upon a walk;*" &c.

"Agreed," replied the man; "*provided you call me doctor, likewise. For, finding degrees to be had for five puns, I just obtained one for myself. So if I am inquired after, ye maun say: 'The Doctor is at work in the stables; or, the Doctor is employed in the garden; or, the Doctor is feeding the pigs,'*" &c.

SMALL POX LIBRARY.—A circulating library in an English town has got the small pox. Public notice has been given to all persons to refrain from borrowing books, while those already having volumes are desired to return them to the disinfectant office instead of taking them to the library.

CORPULENCE AND CARE.—A fat Irish woman, keeper of the St. Charles baths, New Orleans, to an earnest proposition from Dr. Fullerton to give her a large sum of money if she would tell him how to grow half as fat as she was, replied, "*You just go long and don't care for nothing.*" On inquiry he learned that such were her habits. In an unhealthy atmosphere, through devastating epidemics, for probably forty years, she has ate, drank, slept, and cared not for transpiring events, and therefore, she is as broad as she is long.

PROFITABLE PATIENT.—The London *Medical Times and Gazette* tells the following story of a queer patient: "M. Latour, referring to the death of M. Cherest while still young, mentions a singular patient who contributed to his income 14,600 francs per annum, and in leap year, 14,640 francs. This patient, a well-known person in the mercantile world, had a terrible fear of dying, and besought Cherest to pay him a visit while in bed every morning at 9 o'clock, his fee being 40 francs per visit. Cherest consented, and for several years paid his daily visits, always receiving his 40-franc piece. During the last years of his life, this patient, a very old man, became really ill, and exacted first two visits a day, then three, then four, always paying his 40 francs for each."

One of our physicians in Indiana was requested by a wealthy quaker family to visit their house every day, to inquire after the health of the inmates, and to prescribe for any in case of illness. If he neglected to call on any day he would receive a note to the effect, "We have not had the pleasure of seeing thee to-day," etc. Sick or well, they were willing to pay full fees for the physician's daily calls.

Personal Notices, Etc.

HEMPEL.—Our revered friend, Prof. C. J. Hempel, is now confined to his rooms at the St. Denis Hotel, Grand Rapids, Michigan. He is now physically blind, and while we all sympathize with him we can but rejoice at the evidence shown by recent letters we have had the pleasure of receiving from him, that his spiritual sight is stronger than ever.

NICHOL.—It will be noticed that we add LL. B. to the name of our esteemed colleague, Thomas Nichol, M.D. On June 15th, last, he passed his final examination for this degree and received the same on the 17th of that month, rating 89 on Roman law, 79 on the law of wills, 72 on the law of vendors and purchasers of real estate. When he receives his LL. D, after years of severe study, such a degree will be an honor.

PAYNE.—Dr. W. E. Payne, of Bath, Maine, sailed for Europe on the 13th Nov., for the purpose of recruiting his impaired health.

NECROLOGICAL.

BABCOCK.—J. L. Babcock, M. D. of Hallowell, Maine, while fishing August 13th last, was instantly killed by lightning. Dr. Babcock was a graduate of the New York Homœopathic Medical College of 1872, since which year he has practiced at Hallowell, much beloved and eminently successful.

MARITAL.

Fox—Eldridge.—On the 18th of November, at Flint, Michigan, by Rev. Marcus Lane, Charles A. Fox, son of Hon. D. S. Fox, to Miss Katie Eldridge, daughter of Dr. I. N. Eldridge.

REMOVALS.

- Bristol*.—Dr. C. R. Bristol, from Wilton Centre to Wateska, Ill.
Colby.—Dr. E. P. Colby from Walden to Wakefield, Mass.
Dunn.—Dr. George W. Dunn from Georgia City to Neosho, Mo.
Fairbanks.—Dr. C. D. Fairbanks from Chicago to Eaglewood, Ill.
Fulton.—Dr. Wm. Fulton from Centreville to Mahomet, Ill.
Gantenbein.—Dr. John Gantenbein from Phila., Pa., to Portland, Oregon.
Humes.—Dr. J. R. Humes from Etna to Hollidaysburg, Pa.
Jackson.—Dr. H. H. Jackson from Painesville to Cleveland, Ohio.
Knapp.—Dr. W. T. Knapp from Centreville, Mich., to Fort Wayne, Ind.
Keller.—Dr. H. S. Keller's P. O. address now, Glennville, York Co., Pa.
Kitzmiller.—Dr. J. H. Kitzmiller from Pana to Taylorsville, Ill.
McSwane.—Dr. J. B. McSwane from Burnt Prairie to Olney, Ill.
Manning.—Dr. E. Manning from Freeport to Amboy, Ill.
Mitchell.—Dr. C. T. Mitchell from Leroy, N. Y., to Paris, Ont.
Shaw.—Dr. John J. Shaw from East Bridgewater to Plymouth, Mass.
Wegener.—Dr. H. F. Wegener from Atlantic to Taylorsville, Ill;
Wright.—Dr. Robert Wright from Prairie City to Appleton City, Mo.
- LOCATIONS.—*Maple Rapids, Mich.*—Write to P. E. Westervelt there.
Bloomington, Van Buren Co., Michigan.—Write G. W. Haven there.
- ERRATA.—Page 10, ninth line from bottom, for deviation read *direction*.
 Page 12, seventh line, for single vapor read *simple* vapor.
 Page 53, fourth line, for offer read *offers*.
 Page 54, twelfth line, after tumor insert *a late symptom*.
 Page 55, for *faciei* read *faciei*.

Climatology.

THE CLIMATE OF DETROIT, MICHIGAN

An Essay read before the Detroit Scientific Association, by Bela Hubbard.

Within a few years the science of meteorology has made great progress under organized corps of observers. It is fair to state that while I make use of all the resources within my reach, in the preparation of this paper, its conclusions are based mainly upon independent observations, drawn from my records of the last thirty-nine years. Little of merit as these may claim, compared with the more strict deductions of the scientist, they may, like the observations of almost any lover of nature, serve to set facts in some new light, or new combination, and thus have a practical value.

That the immense bodies of water known as the Great Lakes affect the climate of this region is well known; but the nature and extent of their influence are yet but little familiar to the popular mind. Indeed, with all the advance in the science of weather, the data for scientific determinations have been and still are very scanty.

TEMPERATURE.

The controlling element in all climates is temperature. The direction and strength of winds, and the amount of moisture descending in rain, mist and snow, are sources of modification, or results, rather than chief causes. Though the temperature of any locality depends mainly upon general astronomical causes, felt all around the globe, it is also known that local causes have a very considerable share in the production of climate. Thus, the seasons on this continent differ greatly from those of the same latitudes in Europe, being hotter in summer and colder in winter. Our spring and autumn also differ from theirs in duration, and in other characteristics.

General facts like these, I assume without going into the wide field of explanation. They and their causes are familiar to you.

I shall also assume, as well known, the fact, that isothermal lines, or lines drawn through places of equal temperature over the United States, by no means conform to the latitude, but are deflected north or south by local causes, and that among these the great lakes have a prominent importance.

The winter isothermal lines are deflected northerly, and the summer lines southerly, in approaching these bodies of water. In other words, their vicinity is warmer in winter and cooler in summer than places in the same parallel removed from them, except in the immediate vicinity of the ocean.

SUMMER AND WINTER ISOTHERMAL LINES.

These general facts I shall endeavor to render more clear by means of a chart. Instead of the usual method of delineating the isotherms in a regular series of degrees of temperature, I have taken only the means, in summer and in winter, of certain places specially important to my purpose, and carry the isotherms of these degrees across the region of the lakes, from the Atlantic to the Mississippi. For instance, Detroit has a mean summer temperature of 67 deg. and a mean winter temperature of 26 deg.

Observers will notice the summer isothermal of 67 degrees, commencing at the sea coast at Cape Cod. It passes a few miles up the coast and

thence inland to a lower latitude in central Massachusetts. From thence it rises rather suddenly into and along the Valley of Lake Champlain, almost to Quebec. Here it divides, passing southerly. One branch between Albany and Utica is carried into high lands of Pennsylvania, whence it rises again toward Buffalo, and west through Lake Erie. The other follows Montreal River and south shore of Lake Ontario and North shore of Lake Erie, uniting with the former at Detroit. From here it bears northerly into the Peninsula almost two degrees of latitude, until, feeling the cool waters of Lake Michigan, it loops suddenly down toward Chicago. Curving thence upward along the western coast, it leaves the lake at a point some miles north of Milwaukee, but at a lower point than on the eastern coast. Its course is now rapidly northward, until it reaches the parallel of 46 degrees, in longitude 95 degrees, a little north and west of St. Paul.

From the parallel of 42 deg. on the Atlantic it has passed through 4 deg. of latitude, or about 280 miles, in its approach to the Western plains. Over these passing westward, it rises to a much higher parallel.

The cooling effect of the lakes upon the summer heat is here strikingly shown. Detroit has a lower mean summer temperature than Montreal and Quebec, although the latter is nearly five degrees further north.

St. Paul is hotter than Chicago, 3 deg. south.

The isothermal of the mean winter temperature of Detroit exhibits equal aberrations. Commencing at the sea coast about latitude 43 deg., and coursing first south and then up the Hudson to Albany, it is thence pressed rapidly to the south and along the Alleghanies, down to the parallel of 40 deg. Thence its sweeps northerly to Buffalo, whence it passes west across Lake Erie, loops up into Lake Huron, down to Detroit, and thence rapidly southwest into Indiana. It thence again loops upward and far into Lake Michigan, sweeping the easterly coast. Turning sharply thence to Chicago it trends rapidly to the southwest, and strikes the Missouri at about the parallel of 40 deg.

From its lowest depression, at this point, to its highest at the lakes, it has passed through four degrees of latitude, showing admirably the warming influence of the lakes upon the winter cold of this zone.

Let us now take a more northerly point and follow the isotherms of Sault St. Marie and Marquette, which have each a summer mean of 62 deg. and a winter of 18 deg.

You see by the chart how the line of 62 deg. bends south from its high latitude, north of Quebec, well down into Lake Huron, and that passing thence into Lake Superior it trends still more rapidly to the north. Between the meridians of 70 deg. and 95 deg. it has ranged through 5 deg. of latitude, or 350 miles.

The winter mean of 18 deg. shows still more complicated irregularities, though not so wide a divergence. It has its most southerly deflections in Massachusetts and Minnesota, about latitude 44 deg. and its most northerly at the coast of Lake Superior, in latitude 47 deg. a range of 3 deg.

Take now some point south of Michigan, say the City of New York, which has a summer mean of 72 deg., and a winter of 31 deg.

The isotherm of 72 deg. follows down the Alleghanies as far south as the parallel of 38 deg.; thence bears rapidly northwest to Dubuque, ranging through nearly five degrees of latitude. You cannot fail to observe how it loops up into the peninsular of Michigan as far north as Detroit, but bears away from the near vicinity of the lakes, where the summer means are cooler by 4 or 5 degs.

The winter isotherm of 32 degs., commencing at the sea coast near New York, flanks the Alleghanies through several degrees of latitude, southerly, thence curves upwards towards the lakes, as far north as Columbus, Ohio, and thence again bends southerly, until it strikes the Missouri, west of and about the latitude of St. Louis, a range of less than three degrees. Both these isotherms are too distant to be as much affected by the lakes as those first noticed.

These few observations perhaps sufficiently illustrate through they by no means show all the divergences and irregularities to which many of the isothermals of this latitude are subject.

THE LAKE REGION A PLATEAU.

Our locality, though so greatly modified in several aspects of its climate by the presence of the great lakes, falls within the general system which prevails throughout the temperate zone on this continent.

It will be remembered that the lakes do not occupy valleys, as many suppose, nor do they fill gorges among mountains. On the contrary, there are no very elevated lands on or near their borders, but the region is rather a vast plain than a valley. The planes of ascent from their surfaces are very moderate; the levels which separate the streams that discharge into the lakes from those which discharge into the Atlantic or Gulf of Mexico being broad and low, rather plateaus than hills.

Were these bodies of water dry land, of the same elevation, there would exist no conditions tending to deflect the isothermal lines from their regular curves from the great plains to the Atlantic. But so large a surface of water—warmer in winter and cooler in summer than the land—does very sensibly affect the temperature of the atmosphere which passes over them, and as temperature is the governing element of climate, the character of the season is essentially modified through their influence. The effect is to equalize the temperature over a considerable area, and to soften the extremes.

EFFECT OF THE LAKES UPON THE TEMPERATURE.

This modification of the climate may be made further apparent, by a comparison of the *mean range of temperature of the months*, for a series of years, at different posts of observation in this latitude.

Thus, while the mean temperature of the year does not vary greatly for the lake borders and places 500 miles distant, east and west, on the same parallel, the temperature at the latter falls to a lower mean in winter, or rises to a higher one in summer, or both. The mean of the year at Detroit and through New York and New England, on the same parallel, 47 deg. to 48 deg., differs only about one degree; but the mean range, that is, the increase from February, when the rising scale begins, until it commences to decline, in July, is at Albany and Amherst 4.5 deg. greater; the means rising from a range of 43 deg. during that period at Detroit, to 47.5 deg. at the other places.

Westward, this feature is still more conspicuous. At Battle Creek, due west from Detroit, and about equal-distant from Lakes Erie and Michigan, we find a mean range 10 deg. greater than in Detroit; the mean of the year being only a little more than 1 deg. higher. At Dubuque the difference is 12 deg. At St. Paul (2 deg. of latitude further north) it is 16 deg. The mean of the year being at Dubuque 2 deg. higher, and at St. Paul 3 deg. lower than here, while the winter at Dubuque is 4 deg. colder, and the summer 4.5 deg. warmer than Detroit.

The mean temperature of December and January at Detroit is quite uniformly the same, and varies but little from the general winter mean of 27 deg. At the other places named, on the same parallel, the lowest mean is not reached until some time in January; but the temperature begins to rise from that month onward, and merges more rapidly into the heats of summer.

The difference between the means of January and March at Detroit is 8 deg. At other places east, in the same latitude, it is 9 to 10 deg. The same difference is found at Battle Creek; scarcely less at Chicago; while at Dubuque it rises to 15 deg., and at St. Paul to 18 deg.

Equally marked is the rapid increase of temperature from March to May. At Detroit the advance does not exceed 20 deg. At Utica, Albany and Amherst it exceeds 24 deg. A like increase obtains at Battle Creek and Chicago, and at Dubuque and St. Paul it reaches 27 deg.

The maximum summer heat is attained in July in this latitude; the mean of the months being about 2 deg. above the summer mean at Detroit and eastward, and about 3 deg. at places westward.

Thence the decline into autumn is very gradual until September, the temperature of August corresponding nearly with the means of summer throughout, and that of September ranging from 6 deg. to 8 deg. below.

From September the decline is more rapid, but regular to October, which represents the means of the autumn quite closely.

The decline from the means of summer to those of autumn varies from 18 deg. to 20 deg., being a difference of about 2 deg. only for the different places named on this parallel. But the decline from autumn to winter, which is but 20 deg. at Lake Erie, ranges to 24 deg. at the interior stations east, and to 30 deg. at Dubuque, and at Battle Creek to 27 deg.

EFFECT OF THE LAKES.

These results show the effect of the lakes, first, in a modification of the extremes, causing a difference of several degrees in the means of both summer and winter near their borders.

Second, in a prolongation of spring on the lake borders. Here the temperature of April represents nearly the mean of spring. At Battle Creek, April is about 4 deg. above the mean of spring, and at Dubuque April has nearly reached the mean of May at Detroit.

Third, in a prolongation of autumn or more gradual descent into winter. In December places on this parallel in New York, Massachusetts and Central Michigan have reached the winter mean of Detroit, but still want two or three degrees of their own winter mean. Dubuque in December has reached a point 2 deg. lower than the winter mean of Detroit.

Fourth, in a modification of single extremes. The maximum, noted by me in thirty years' observation, at and near Detroit, is 94 deg., the minimum—18 deg. Very rarely does the mercury fall below—10 deg. in any winter, the above extreme of—18 deg. having occurred only twice during the period.

During the same period in Central New York and Massachusetts the maximum has reached above 100 deg. and the minimum—34 deg., the Detroit minimum of—18 deg. having occurred on an average once in every two winters.

Such severe extremes are often sudden and very temporary, and afford little indication of the general character of the seasons. Nevertheless, they are an important element in our estimate, and often attest the capability, or otherwise, of any given climate for the growing of the more tender plants.

WESTERLY WINDS AS MODIFYING CAUSES.

These favorable modifications of the prevailing climate of this region are still more strongly impressed upon the eastern than the western borders of the lakes, in consequence of the prevailing westerly winds, which distribute over the land the more equable temperature of the water.

The mean of summer at Grand Haven is 2 deg. lower, and that of winter 3 deg. higher than at Milwaukee. The summer temperature is also carried further on into the autumn, and the winter mean falls a month later.

Still more marked is the situation in regard to single extremes. It is claimed that the thermometer never falls below—16 deg., as an extreme mean at any point on the eastern shore of Lake Michigan (Winchell), even as far north as Traverse Bay, a latitude in which elsewhere, both east and west, the temperature has at periods of extreme cold fallen as low as—40 deg.

The wonderful advantages possessed by this favored coast of our peninsula are fast procuring for it an envied celebrity. It is destined to become the most noted fruit region of the United States, having all the advantages of the climate of the Ohio, the Missouri and California, without their drawbacks.

It will be seen that Detroit, though so favorably affected by the vicinity of the lakes, cannot claim all the extraordinary benefits they confer in so high a degree, and why the palm is borne from her by the locations on Lake Michigan and by the southern coast and the islands of Lake Erie.

That delicate foreigner, the peach, is with us liable to loss of the crop by May frosts, and even the tree itself often suffers from the winter extremes; but no such mishaps occur on the western coast of the peninsula. The native grape frequently suffers here, both in fruit and vine, but the crop almost never fails upon the islands in Lake Erie. These have a climate peculiarly favorable, both from the retarded spring and the prolonged autumn of their locality. In these respects they contrast most favorably with the much more southerly climates where the grape is cultivated.

An illustration of this came under my observation in the spring of 1860. Being at Lexington, Kentucky, on the night of the 25th of April, I was desirous to visit the most promising vineyard in that neighborhood, the vines of which were set full in fruit. The morning brought a black frost, and when I visited the yard not a bunch was found unspared; the whole crop was destroyed. Returning North, I reached Lake Erie on the 1st of May. There a winter temperature still reigned, and not a bud had put forth. In due time the island vines set fruit and produced an abundant crop.

COMPARATIVE CHARACTER OF THE SEASONS AS AFFECTED BY THE LAKES.

The character of our seasons as shown by these comparisons of temperature may be stated thus, in general terms:

The winter of Detroit is warmer than that of places in the same latitude in Central New York, Massachusetts and Michigan, by at least two degrees, and is 4.5 deg. warmer than the mean five hundred miles west.

Spring has nearly the same mean temperature as the central positions mentioned, but is 4 deg. colder than the latter, and the increase from March to May is more gradual.

Summer is cooler than on the parallel east by 1 deg. to 2 deg.; than Central Michigan by 3 deg., and the more westerly positions by 4.5 deg.

Autumn is cooler by 1 deg. than the points east; by 2 deg. than Central Michigan, and by 4 deg. than the westerly posts; and the decline of heat is less rapid through the autumn months.

PREVAILING WINDS.

The prevailing winds of this locality are in winter west, or those directions into which west enters. They vary from southwest to northwest, are often north and northwest, but seldom east or southeast.

In spring east and northeast winds prevail nearly half the time. They vary from east to west and northeast to south, but seldom northwest. In some of the spring months, usually March or April, east and northeast winds are the prevailing ones. In others westerly.

In summer southwest winds prevail, varying from south to west. East and westwinds are frequent, but very few northwest or southeast.

In autumn westerly winds are prevalent, varying to southwest and south, but a westerly direction enters into two-thirds of the winds of this season.

Taking the yearly average, probably two-thirds of the winds are southwest, west and northwest.

Light showers or falls of snow come with westerly winds, as also the summer thunder-storms, but the long rains and snow storms are attended by an easterly wind. The severe and cold wind storms, however, are from the west, and it is from this direction that the winds come with greatest force, and we receive the storms that are so destructive to vessels on the lakes. This prevalence of surface winds from the west is only a necessary result of that majestic atmospheric current, which, in this temperate zone, is ever silently but unceasingly sweeping round the globe.

RAINFALL.

As the amount of precipitation of moisture, in the form of rain and snow depends upon the vicinity of large water surfaces, it would naturally be supposed that the climate of Michigan should be a moist one. But the contrary is the case. In fact, the peninsula climate is exceedingly dry, if we consider the total amount of rainfall. The cause will be apparent when we consider the source from which our rains come, and the relation that subsists between the rainfall and the temperature.

The Gulf of Mexico undoubtedly furnishes the great source of supply to the atmosphere east of the plains. The vapor-laden trade winds, coming from the warm tropic seas, carry their volume of moisture over the Gulf States, where large quantities are precipitated. As it is borne further inland this supply meets the great current of southwesterly winds, and is carried north and east with a constantly diminishing amount of precipitation. From the gulf coast, where it is greatest, to the lakes, the rainfall has gradually diminished from the large mean annual amount of 60 inches to 28 inches.

The result would probably be quite uniform were there no diversities of surface to cause local differences.

The same effect is visible, to a less extent, along the Atlantic coast, where the easterly winds contribute to the supply.

To a still less extent this effect is apparent in the vicinity of the lakes.

The total rainfall is two to four inches greater in the interior of the peninsula than on the immediate borders.

The law which prevails in Europe, of an excess of precipitation upon the mountain summits and elevated plains, does not hold generally in the United States, where rather a contrary law obtains. The high plateaus—even the elevated chain of the Alleghanies—have less of both summer and annual precipitation than the lower lands on either side. Our peninsula, which is a plateau not exceeding 1,000 feet above the ocean, is no exception to the rule.

This phenomenon is doubtless due to the lower temperature of the higher lands, during the season of greatest precipitation, and shows that general rather than local causes govern the rainfall throughout the whole country. The cooler summer atmosphere which we have seen to be the effect of the near vicinity of the lakes, contributes to this result, and will explain in part, no doubt, the comparative dryness of the Michigan climate.

OUR RAINS NON-PERIODIC.

With the exception of the gulf coast this portion of the United States belongs to the great area of equally distributed rains, one that has no defined rainy seasons.

We have, consequently, no *periodic* rains, although the periods of most abundant rains are looked for quite regularly in the summer and the early autumn months. It is usual to expect the "equinoctial storm," as it is called—a rainy period of several days—about the end of September; but even this is quite uncertain, both as to its duration and even its occurrence.

During the heat of summer our rains occasionally assume a character suited to the tropical vehemence of the temperature, and pour down with great profusion, though their duration is short.

A peculiar phenomenon of the rain storms in this locality is that they occur so frequently under the cool shades of the night, preceded and followed by cloudless days.

Although the amount of rainfall is so small in this district I think it will be found, were the records sufficiently extended, that the *number of days* on which some rain or snow falls is as great as in more southerly districts, where the annual amount is twofold.

ATMOSPHERIC HUMIDITY, AS AFFECTED BY THE LAKES.

That our atmosphere is little, if at all, affected by the diffuse evaporation from the surrounding water surfaces is evident from its great clearness, the intense azure of its sky, and the brilliancy of its moonlight and star canopy.

The region of the lakes is noted also for its beautiful sunsets. In this, as well as in the transparency of its atmosphere, it excels the Eastern States, and more than rivals far famed Southern Europe. Talk of the blue skies of Italy! We have more clear firmament, and of a deeper depth of blue, in one month than Italy in half the year.

To exhibit clearly our relation to the surrounding territory would require charts of the isohyetal lines. In the absence of these, a brief statement may serve to convey a proximate idea.

THE RAINFALL AS CONTROLLED BY THE SEASONS.

In broad terms, the area of 8 to 9 inches spring rainfall includes the whole Michigan peninsula. The central and western portions have nearly one inch more than the eastern, and at Mackinaw and St. Mary's the total has diminished to about 5 inches.

The area of 9 to 10 inches, summer rainfall, includes all the lakes and Lower Canada. There is but little variation throughout the peninsula; 9 inches representing fairly the eastern side, and 10 inches the central and western.

The autumn rainfall has about the same general average, but diminishes to about $8\frac{1}{2}$ inches at the north, or to the same mean as Wisconsin.

The average winter precipitation is about 5 inches; somewhat less on the east side of the State, and about one and a half inches more in the interior and west.

The total annual precipitation is 30 to 31 inches on the east side, increasing south and west to 34 inches, and diminishing to 25 inches at Mackinaw. The average for the whole peninsula is 33 inches.

OTHER LOCALITIES COMPARED.

Comparing these means with those which obtain at a small remove, we find that a summer rainfall of from ten to twelve inches (or two to three inches in excess of Detroit) crowds closely up Lakes Michigan, Erie and Ontario, and sweeps over the lower half of Wisconsin, and as far north and west as St. Paul.

The winter precipitation increases rapidly as we advance south from Lake Erie, being fully seven inches through the north part of Ohio and Indiana (or more than two inches above the mean of Michigan), and increases to eleven inches at Cincinnati.

Proceeding south from Michigan the total annual precipitation increases at the rate of about three inches for every degree of latitude, to the Ohio River, where it is forty-eight inches, or fifteen inches more than the mean of Michigan.

At 95 deg. longitude the mean annual precipitation is about the same as at Detroit. But thence westward the diminution is rapid, and at the meridian of 100 deg. it is scarcely more than half that amount.

From the lakes to the Atlantic we find a gradual increase, from an annual mean of thirty-two inches to forty-four inches.

Thus, notwithstanding our insular position, the climate of this region proves to be the driest in the United States east of the headwaters of the Mississippi. But the rains are very equally distributed, through all but the winter months, which have only one-sixth of the entire precipitation. Crops, therefore, seldom suffer from the want of moisture, even in the dry periods.

South of the Ohio the winters have one-third of the whole precipitation—equal to that of the summer.

MONTHLY FLUCTUATIONS.

Having considered the character of the seasons and our relation to neighboring parts of the continent, as regards the average measures of precipitation, let us notice and compare the monthly fluctuations.

At Detroit the smallest quantities fall in the months of December and February; the mean of thirty-eight years being 1.3 and 1.4 inches, respectively, and that of the three winter months being 1.7 inches.

From February to June appears a gradual increase, largest for March and April, when it rises to 2.9, the mean of the spring being 2.8 inches.

In June, which is the month of largest precipitation, there is an increase to 3.9 inches, the mean of the summer being 3.1. From June there is a falling off during the remaining summer months.

The mean for September rises to 3.3 inches, that of the autumn being 2.4, and falls again through the remainder of the year.

These results show a tendency to two minima, in December and February, and to two maxima, in June and September.

The June freshet is looked for quite uniformly, and with more certainty than the floods which attend the melting of the snow in the spring, although the latter often exceed in temporary height and violence.

COMPARISON OF MINIMUM AND MAXIMUM PERIODS.

A table of the average precipitation for the seasons and months, for different places, from the Gulf to the coast of New England, exhibits very considerable contrasts. It would be interesting to examine them if we had the time.

For my present purpose I will advert to the fact only, that there exists a general tendency to minima of precipitation about the middle or end of winter, and of maxima about midsummer.

Grouping the results, it may be stated that on or near the coast of New England the tendency is to one minimum in February, of about three inches, and three maxima, in May four inches, August and November 4.5 to 4 inches.

Through Central New York one minimum, February, of 2 inches, and one maximum, June or July, 3.5 inches.

In the Lake region, west of Lake Erie, one minimum in February, of 1.4 inches, and one maximum, in June, 3.5 inches.

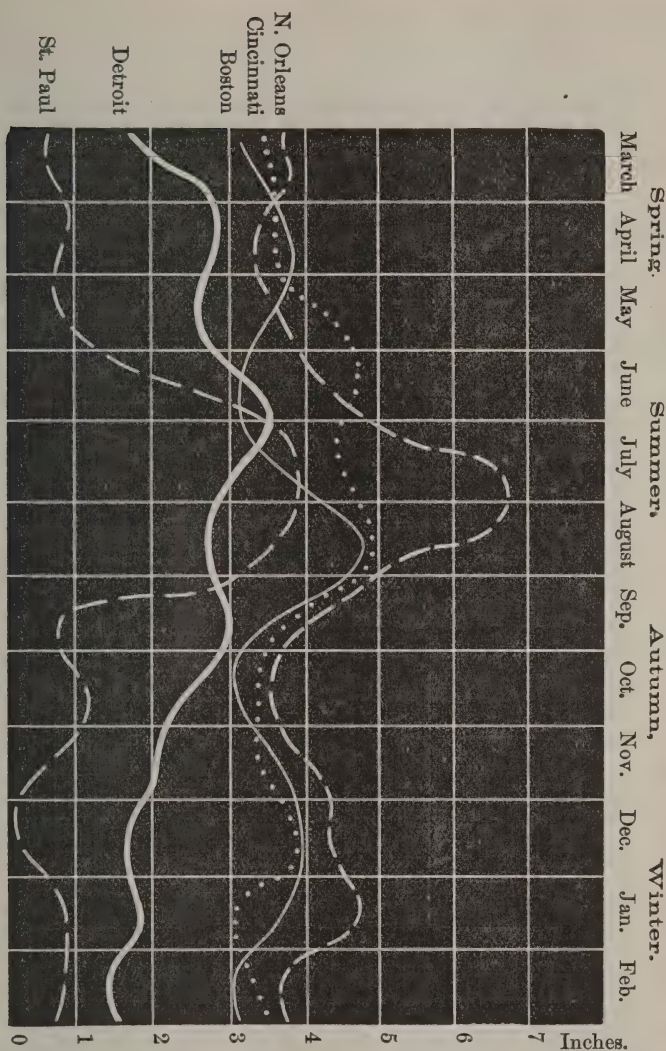
In the Ohio Valley one minimum, January and February, of 3 inches, and one maximum about June, 4.5 inches.

On the gulf coast two minima, April, 2 inches and November, 3 inches, and one maximum, in July, 6 to 8 inches.

The minimum of February at Detroit is less than one-twentieth, and the maximum of June nearly one-eighth of the whole average annual rainfall. In other words, the mean of February is 1.1 inches below the average mean of the months; that of June is one inch above the average mean.

On the diagram is shown the annual precipitation, running through the mean of the several months, at representative stations within the group referred to, including also the upper Mississippi. These few curved lines represent very closely, and as far as may be done from so few data, the rainfall through the year, over the whole United States, east of the great plains.

DIAGRAM OF MONTHLY PRECIPITATION FOR THE UNITED STATES.



POPULAR AND SCIENTIFIC OPINIONS COMPARED.

The remark is frequently made that our climate is undergoing a permanent change. Many think it is becoming dryer, which is by some attributed to the destruction of the forests; according to others it is becoming permanently colder also.

These popular opinions suggest a very interesting inquiry. For the present it may be a sufficient answer that the statistics of the rainfall, as well as those of the temperature, do not verify such conclusions.

Throughout this region, from the Atlantic to the Mississippi, north of the Ohio, the fluctuations, both annual and for a series of years, are very great, and they show a tendency to an irregular *grouping* of years in which the rainfall is in excess, and of those in which it is in diminution of the mean. This is governed by no known or apparent law, and though in the main there is a general agreement throughout the region, yet considerable and remarkable differences occur, even at points not widely separated.

Diagrams for all this region indicate an *average* increase of the rainfall from about 1837 until about 1862, and this fact contradicts the prevalent opinion of increasing dryness. Since that period a general decrease is observable in this region.

Within this first series of years occur one period of greatly diminished rainfall, common to the diagrams for New England, New York, Southern Michigan and Ohio, viz., from 1835 to 1845, averaging 10 to 15 per cent. below the mean for each district, and one period of increased rainfall, viz., from 1848 to 1862, which averages 10 to 20 per cent. above the mean.

Successive years, however, frequently show great irregularity in the amounts, sometimes falling from 20 to 30 per cent. above the mean of the place to as much below, within a period of two or three years, breaking in so violently upon the average as to render any generalization very difficult.

For the sake of comparison I select from each of the districts named three years of greatest and of least rainfall, and bring them together, exhibiting the per-centage which each attains above and below the yearly mean of the district.

A TABLE OF PERCENTAGES OF RAINFALL IN MAXIMUM AND MINIMUM YEARS.

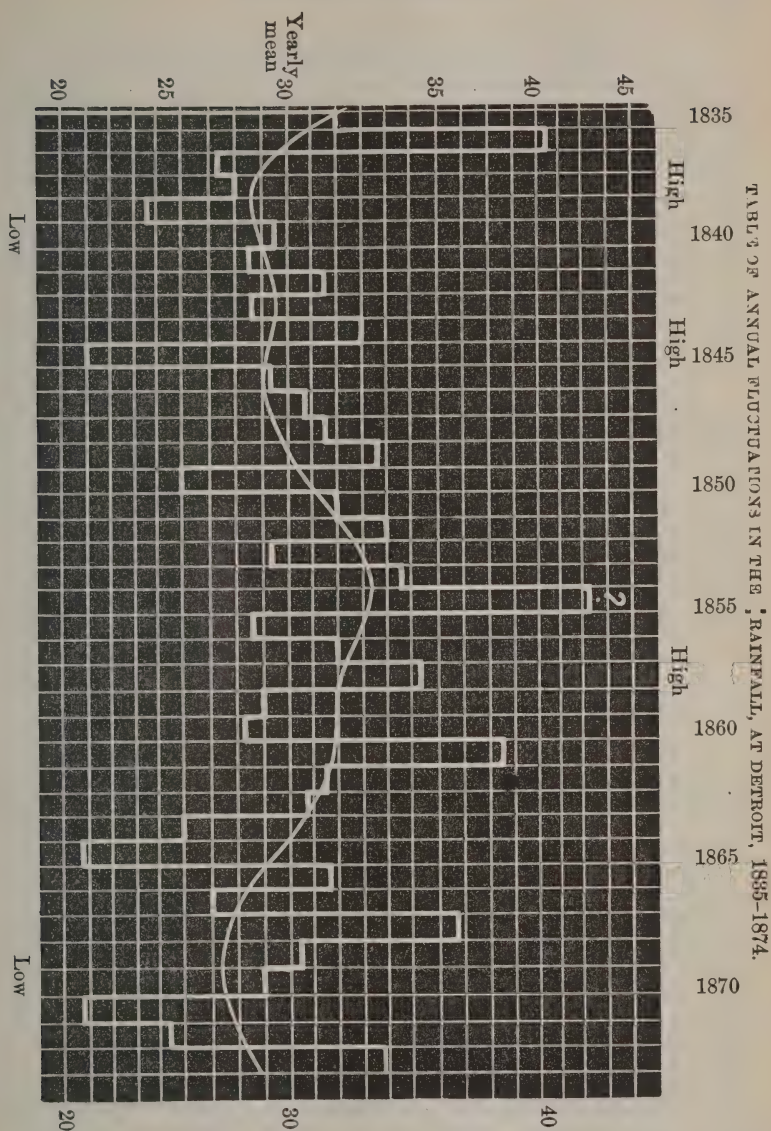
	Years of greatest maximum.			Per cent. above mean.			Years of greatest minimum.			Per cent. below mean.		
New England Coast...	1841	1850	1868	15	23	21	1837	1849	1856	15	12	12
New York.....	1842	1850	1857	12	17	20	1844	1856	1861	15	13	16
Southern Michigan...	1849	1855	1861	13	30?	26	1845	1850	1865	26	16	28
Ohio.....	1847	1855	1858	16	16	26	1838	1853	1856	23	16	28

A comparison of these maxima and minima serves to show how extremely local are the causes of the differences; how small is the correspondence between the locations for the same years, while it does not indicate any decided differences in the variability in the different districts.

The range at Detroit (between highest maximum and lowest minimum) is fully fifty-five per cent. of the annual mean, which does not differ greatly from that of the other districts, though in excess of the eastern ones, but at St. Paul the range is much greater. There the mean of the year is only twenty-five inches, while the range, in nineteen years observation, is from forty-one to eighteen inches, or over 100 per cent.

ANNUAL FLUCTUATIONS IN RAINFALL.

The accompanying diagram will exhibit at a glance the annual fluctuations in the rainfall at Detroit since 1834. Each column represents the mean of the year, and the amount in inches is shown by the figures at the side. The curved line is an attempt at a generalization of the several means.



The periods of high and low water of the lakes are marked at the top and bottom of the diagram, so that the correspondence may be noted between these and the rainfall.

Could a diagram be constructed for the whole region embraced by the drainage into the lakes, there can be no doubt that a proper correspondence would appear between the rainfall and the periods of high and low water, succeeding series of wet and dry years.

FREEDOM OF OUR LOCALITY FROM FLOODS AND DEEP SNOWS.

To the facts we have been considering, and which have relation to our situation relative to the great sources of supply, as well as to the plateau character of the country, is due our comparative exemption from destructive flooding rains and deep snows. Neither the lakes nor the peninsula streams overflow their banks, causing such devastations as are common in the States east and south of us. And in winter railroad trains are seldom blocked by snow, as frequently happens in this latitude.

The same cause which frees this locality from the inconveniences of deep snow also deprives us in many winters of sufficient snow for the ordinary winter sledding. The increased temperature, due to the extensive and open water surfaces around us, causes the snow to melt almost as it falls, so that it seldom lasts long as a covering to the soil. The lower atmosphere, at such times, gathers increased humidity, which occasions a sensible chill, that is more uncomfortable in its effect than a steady cold below the freezing point.

Yet it is a noticeable fact that fogs are rare with us, at any season.

Our deepest snow and of longest continuance usually occurs in February, which is the month of greatest cold.

DROUGHTS.

The droughts which prevail often disastrously in autumn throughout Michigan are not peculiar to this district; although the less quantity of rain at that season than falls over the country east and south no doubt contributes to this result.

The still dryer climate west of Lake Michigan, extending with increased severity to the great plains, exhibits this phenomenon in vastly enhanced proportions.

Yet to the same cause is due that peculiar and delightful phenomenon—the Indian summer—which is comparatively little known to the Atlantic States, but which constitutes so pleasing a feature in the lake region.

GENERAL CHARACTER OF THE SEASON—WINTER.

In a general survey of our seasons the winter at Detroit may, as a rule, be classed as "mild and open."

My notes show nearly two-thirds of the winters for the last thirty-eight years to be of this character. These kind of winters may be thus described: A temperature seldom below 0, and frequently above the freezing point; an average temperature 1 deg. above the winter mean of 27 deg.; a few weeks at most—often a few days only—of snow sufficient to make sleighing; many cloudless days, though the cloudy ones are in excess; constant alternations of frosty nights and days, with warm and damp or rainy ones, yet with a large number of days of clear, bracing atmosphere, when the thermometer falls below freezing at night, and rises a little above it by day; prevailing west and southwest winds, an occasional storm that leaves its mantle of snow followed almost immediately, or within a few days at most, by the prevailing openness.

As a rule only the "cold" winters are snowy ones—winters whose temperature is 1 deg. or 2 deg. below the mean—when it continues to freeze for several days successively. At such periods the local influences are overborne by the general causes which prevail in this latitude, and the cold storms, with their freight of heavy snows, sweep over and involve our district in the prevailing frigidity. At such times the ground freezes hard, if bare to the depth of two or three feet. Streams are frozen over,—our broad river included—and no longer lend their influence to soften the temperature. Winter gathers strength by its own progress, and forgets its ordinary relaxations.

SPRING.

Of the advance of spring-time my notebooks furnish a few items which may serve for useful comparison with other localities.

The first of the forest trees to be animated by the genial breath are the poplar, willow, elm and maple. These are in flower from April 1 to 20, the average for the two latter being April 7. The earliest period on my records is in 1845, March 11.

Wild flowers make their appearance about the 1st of May.

Those cultivated fruits, peach and cherry, come into bloom about a month later than the forest maple and elm—20th of April to middle of May—the average being May 8th. Pear and apple follow, 1st, to 20th of May; average about May 12th.

The forests now begin to show a green tint, but the perfection of the leaf is not attained until late in June.

SUMMER AND WINTER EXTREMES.

We have seen how much the heats of summer are moderated by our situation. Yet, notwithstanding, our climate, like that of the whole temperate zone, is one of fierce extremes, indeed at times most fitfully intemperate, and making us acquainted, under the same sky, with the winter of the Arctic regions and the summer of the tropics. There are days in our short summers that fairly belong to the equator, which blaze and quiver with sunshine like a furnace, and when vegetable growth may actually be measured in its hourly increase.

There are days in our rigorous winters when the frosted air cuts like a knife, when storm so follows storm, in all the grandeur of the season, that for a time the landscape is obliterated, every familiar object buried out of sight beneath the congealed and hoary breath of the storm God.

"No cloud above, no earth below,
A universe of sky and snow."

But neither heated nor frozen "terms" ordinarily last many days at a time. Changes are sudden and violent, from one extreme of temperature to the opposite.

"Dry" seasons are often accompanied by flooding rains. Frosts follow a period of hot days; and they have been known to occur—though very rarely, as in 1859—in every month of the year.

AUTUMN.

Between the spring and the autumn of our climate there is a striking contrast. For while the spring of the English poets, so familiar to our early literature—breathing balm, and leading by slow gradations into summer—scarcely exists here, where often winter lingers into May, and spring leaps at a bound into the arms of summer, or cheats us with successive storm, cold and wet, the autumn time is the most enjoyable of the year, and is in grateful contrast to the dull, wet season of Europe.

As a rule, our first two autumn months are pleasant, cool and dry, and sometimes this agreeable weather is protracted into the first month of the winter. But this season, too, is changeable, and nearly one-fourth of the years on my calendar are classed as mild and wet or wet and cold.

WEATHER PREDICATES.

This great and constantly recurring irregularity of the seasons gives disappointment to those who seek to form predictions of the weather, based upon observations of previous years.

My own notes are so general in character that they meet ill the strict

demands of science. Yet some of the conclusions drawn from them may be worthy of record.

Winters which, in popular language, are called "mild and open," are ordinarily succeeded by "warm and early" springs, the proportion to those which are "cold and late" being about two to one.

Cold and snowy winters are certain to be followed by cold and backward springs. To this law my records show no exception.

Warm and pleasant summers, if succeeded by dry and pleasant autumns, are followed, as a rule (not without exceptions), by mild and open winters.

Cold summer and autumns are ordinarily succeeded by cold winters, the exceptions being as about one to two.

Warm and early springs are, as a rule, followed by warm and pleasant summers, the proportions of such to cold and wet summers being nearly four to one.

Cold and late springs, it may be expected, will be followed by cold or wet summers, but they are almost as frequently succeeded by warm and dry.

Though there is an approach to some measure of regularity in the character of the seasons for a succession or group of years, no certain law is apparent, but a warm or a cold, a wet or a dry year is likely to be succeeded by one or more of like character, before the character is reversed.

Upon the whole, notwithstanding the great range of climatic phenomena, and the extreme diversity of certain seasons and years, the observations of even the last thirty-nine years—short as is that period for scientific deductions—show our climate to be constant and uniform, returning always to the average standard of heat and moisture.

Popular opinion pronounces some extraordinary extreme to be "unprecedented" within the memory of that very unreliable character, "the oldest inhabitant." But science, from whose stern decrees there is no appeal, declares it to be but local and temporary, and part of those ever recurring features, which, in the cycle of the years, only furnish proof of the stability and uniformity of nature.

THE ARTIFICIAL AND THE NATURAL DIVISIONS OF OUR YEAR.

In the natural divisions of the seasons another contrast appears between our climate and that of Europe, which, though less marked in the vicinity of the lakes, is yet a noted difference throughout the temperate zone of America.

The divisions of the calendar year appear much more arbitrary as applied to our circumstances, and show that they were meant for another hemisphere.

In attempting a classification better suited to our climate, if we define "winter" as the period of hard frosts and completely dormant vegetation, that season will embrace not merely a fourth part, but nearly half of the entire year, or from November to the middle of April inclusive, five and a half months.

If we call "spring" the period between the flowering of the earliest trees and shrubs or the first opening buds and the full development of the leaves, that season will have its average beginning about the middle of April and its end the middle of June, two months.

The reign of "summer," the season of the full perfection of vegetable growth, holds from the middle of June to the middle of September, three months.

Autumn," the season of the ripening of the fruits of the earth and the gradual decadence of vegetable life, lasts from the middle of September to November, one and a half months.

In the more genial atmosphere of the lakes, as I have already noted, the autumnal season is often much more protracted, and cheats the colder months of a portion of their supremacy. The bland airs of the Indian summer help to prolong the illusion; but it is only an interloper, and, in general, by November the hard frosts have set in, and

"Winter comes to rule the varied year."

CONCLUSION.

I cannot close these remarks without adverting to the substantial advantages which our climate possesses, especially that of the lake region, over most others on the globe.

If it is often excessive in its extremes, it has not the great daily range which in arid climates is so severely felt, causing a benumbing coldness to the nights after the oppressive heat of the day.

If we have sometimes droughts, to the injury of the crops, we have not those periodic seasons of completely dry weather, when no rain falls for many weeks, or even months; when vegetation can be sustained only by irrigation, and the atmosphere is charged with dust, features that so greatly detract from the excellences of California.

And if occasional drenching rains flood the growing crops, they bring at rare intervals to our doors only slight intimations of these deluges which deform the winters and the rainy seasons of the South and the Pacific coast, or which, in the hill countries, often fill the valleys with the debris of ruined homes.

If severe gales sometimes cause destruction among our lake craft, and even, though rarely, uproot our orchards, no tornado ever visits upon us its terrific fury, and our locality is remarkably free from the sudden and fierce storms, which are an incident even close to our borders.

The disagreeable features are but exceptions to the general rule, of moderate but sufficient rains for all needs, equally distributed throughout the year; a summer temperature, which rapidly quickens into active life the hybernating earth, and in its fervors gives to our zone some of the productive power of the tropics, enabling it to bring to perfection the bountiful maize and other tropical plants, and especially those various and valuable fruits, that attain their perfection only in our clime—the apple, pear, peach, plum and grape.

“ Whatever fruits in different climes are found,
That proudly rise or humbly seek the ground;
Whatever blooms in torrid tracts appear,
Whose bright succession decks the varied year;
Whatever sweets salute the northern sky,
With vernal lives that blossom but to die;
These here disporting own the kindred soil.—”

It must be acknowledged that our climate, like that of this continent generally, is a very trying one to the average American constitution. Its dryness and its frequent and excessive changes seem to sap from the body that juiciness of the blood which, under the moist and equable skies of England, blooms into ruddy complexions and swells into plump outlines.

Perhaps the climate is not alone responsible for the evil. Much is attributable to our mode of life; the incessant application to business, in the haste to be rich; or too much of indoor life and want of proper exercise in the open air. Our boys cannot be said to be pale and sickly, and they brave the weather in all its rudeness.

Though the climate of Detroit partakes of the general character, it does so to a modified degree. I believe it is admitted that our locality is remarkable for its healthfulness and freedom from endemic diseases. I put the question to our professional and well informed President, whether Detroit is not even abominably healthy!

Nature is full of compensations. The perpetual summer of torrid climes is enervating to mind and body. Even in our Southern States, agriculture, the basis of wealth, must be carried on by an inferior race.

Do the people who have been brought up in a clime where summer is eternal appreciate in their full measure those gifts of bountiful nature, whose enjoyment is not enhanced by their occasional loss? Does the never-ending

succession of flowers and fruits compensate for the absence of the "seasons," the return of spring, summer and autumn, after the dearth of winter, for that period of biting cold and storm without, and blazing hearths within,

"—King of intimate delights,
Fireside enjoyments, home-born happiness,"

enchancing even by its bitter contrast the enjoyableness and bloom of summer.

Where but in such a clime as ours, marked so emphatically by the revolutions of the seasons, with their cold and heat, and all their pleasing variety and change,

"Forever charming, and forever new,"

do the arts flourish best and man attain his highest perfection?

Happy the land which enjoys the promise of spring and the realization of autumn; where the fruits of the earth are secured only by unremitting care and labor; where a frigid temperature strengthens those active energies that droop in a warmer clime; and where the glories of summer, being only an occasional gift, are more welcome from the contrast, and more thoroughly appreciated and enjoyed.

MORTALITY FROM CONSUMPTION IN MICHIGAN.

Dr. H. B. Baker, Superintendent of Vital Statistics, has just published his compilation of births, marriages, and deaths for the year 1871. It is a valuable document, the result of much labor.

In relation to consumption in Michigan, we find the following:

For the year 1871, 1,303 deaths, or 13.39 per cent. of all deaths returned, were attributed to this disease. As heretofore pointed out in these reports, deaths from consumption and from pneumonia seem to be correlated in such a manner that conditions tending to increase the deaths from one tend to decrease the deaths from the other disease. For the year 1870 the deaths returned from consumption were increased over those of 1869, while the deaths returned from pneumonia were decreased. For the year 1871, the reverse is true, there being 148 less deaths returned from consumption in 1871 than in 1870, and 65 more deaths from pneumonia. Because of this correlation these two diseases are studied together.

ENGLISH CLIMATE.—Moncure D. Conway writes to show that it is manifested that the corroding damp of the English climate is hostile to mural ornamentation, and fatal to external frescoes, and that there is a steady increase of the desire for such things. This has been especially manifested among the English nobility, who have every thing in the wide world that their hearts can desire excepting only the climate that might comport with luxury and beauty.

Practice of Medicine.

GENERAL OBSERVATIONS.

Although this department, as its title indicates, is intended to be devoted strictly to the *practice* of medicine, yet, owing to the erroneous notions still prevalent concerning the system of practice herein inculcated, its principles are often misunderstood, perverted and misapplied. It will, therefore, not only not be out of place, so far as may be consistent with our general plan, to endeavor at the outset to correct such erroneous views, by a few preliminary observations on the true principles of our system; but we may reasonably hope, by so doing, to make their practical application by the inexperienced more intelligible and easy, as well as to prevent, to some degree, those perversions of them which arise altogether from ignorance. Still, as Hahnemann himself observes, (ORGANON, §I,) “the first and *sole* duty of the physician is, to restore *health to the sick*,” and not to spend his time in constructing and explaining, much less in contending about mere theories, whether true or false.

In pursuance of this plan, we shall first lay down a few of the more important definitions and homœopathic aphorisms, after which we shall treat briefly of symptoms, both pathogenetic and morbid,* and then of the homœopathic medicines, their doses, duration of action, and repetition.

DEFINITIONS AND APHORISMS.

Disease is a departure from health; and is either *local*, as affecting only a part of the animal system or functions, or *constitutional*, as embracing, to a greater or less extent, the whole system.

Diseases are either *acute* or *chronic*, the former term being applied to such derangements of the health as are speedily overcome, and

*Strictly speaking, all symptoms are morbid, since they are the result of diseased action; but we shall use the term in its ordinary sense, to denote only those symptoms which belong to natural diseases, in contradistinction to those which are artificially excited, namely, the pathogenetic, or medicinal.

produce no permanent organic changes; and the latter to those diseases which are either slow in their development and progress, or which, from wrong treatment or otherwise, are extended far beyond the natural term of their duration.

They are also divided into *primary*, and *secondary* or *consecutive*, the former term being applied to the original disease, or first series of derangements; and the latter to the subsequent morbid phenomena, particularly when they grow out of, or are in any way dependent upon, or referable to, the primary disease.

The *causes* of disease may be either *external* or *internal*, *mechanical*, *chemical*, *pathogenetic*, or *toxic*.

Among the most prolific *internal* causes of disease, is a *depraved state of the blood*, or *taint of the system*, affecting to a greater or less extent nearly the whole human family—the resultant of former diseases on the human system, which, variously modified, have come down to us from our ancestors—and called by Hahnemann, *psora*. Whatever opinion we may entertain concerning Hahnemann's theory on this subject, or however unfortunate he may have been—if, indeed, he was unfortunate—in the selection of a term by which to designate this peculiar condition, the *fact* itself cannot be ignored, even by those who attempt to throw ridicule upon it. The *condition does exist*, and not only acts as a prolific cause of disease, but greatly modifies diseases originating from other causes. Ordinarily it exists in a dormant or latent state, producing a chronically depraved state of health, usually termed *dyscrasia*; but when it becomes active, as it does when other causes have disturbed the comparatively healthy balance which the vital force, aided by time, has served to produce, or when thrown into activity by the effects of remedial agents, then its presence becomes so pronounced that the most prejudiced cannot fail to see it. What matters it, then, so we clearly recognize the condition itself, whether we call it *psora*, *dyscrasia*, *chronic blood disease*, or any thing else? As long as no better name is found for it, we have no hesitation in calling it *psora*, and *psora* it shall be! "*Multa non sunt sicut multis videntur!*"

Diseases can properly be said to be *cured*, only when the affected parts and functions are restored to their original state; that is to say, when the disease is thoroughly eradicated, and its effects entirely

removed from the system. On the other hand, when diseases, either through treatment or otherwise, simply *disappear*, or become latent, without being thoroughly eradicated, they are said to be *suppressed*. It is this *suppression* of disease, the ordinary result of allopathic treatment, which constitutes true *psora*, as above defined, and is the chief cause of nearly every chronic disease. Whenever it becomes active, there is generally an effort, so to speak, on the part of nature to eliminate it from the system by throwing it to the surface, constituting the various forms of *tetter*, and other *itchy* eruptions, whence the name by which Hahneman designated the affection, namely, *psora*, a term derived originally from the Greek, and signifying *to rub*.

From the foregoing, it is evident that *the psora*, properly so called, is a very different affection, ordinarily, from that single vulgar form of it commonly called *the itch*, to which allopathists would fain confine it. The latter is the least significant, as it is the most superficial, of all its multiplied forms and manifestations, and generally depends upon some local cause of irritation; while the former is a *profound, peculiar, compound morbid element*, whose impress is so clearly stamped upon almost every form of disease, as greatly to modify its character, duration, history and treatment. It is, in fact, as before stated, the expression of the difference between the *cure* and the *suppression* of disease, which has resulted from the general non-observance in treatment, from time immemorial, of the *true and only law of cure*, the *homœopathic*, which we will now explain.

It was a discovery of the immortal Hahnemann, that diseases can only be *cured* by remedies which are capable of producing *similar* diseases in healthy persons. This irrefutable *law of nature* is expressed by the formula, "*similia similibus curantur*," or *like is cured by like*, a law as simple and beautiful in its expression, as it is universal in its application; and which is destined to revolutionize the whole art and science of medical practice.

This great natural law of cure had suggested itself to several early physicians, especially Stahl, whose words are as follows: "The received method in medicine, of treating diseases by opposite remedies—that is to say, by medicines which are opposed to the effects they produce, (*contraria contrariis*)—is completely false and

absurd. I am convinced, on the contrary, that diseases are subdued by agents which produce a similar affection." (*Similia Similibus.*) —See *Introduction to Hahnemann's ORGANON*. But it was not until the brilliant genius of Hahnemann set it forth disclosed in all its beauty and perfection, with irrefutable reasoning and the most ample illustration, that it began to be generally recognized by the learned as the *true, unerring, and universal law of nature*; while now, it may be truly said, there are but few so ignorant and undiscerning, as not in some way "to do it homage."

Experience shows that, agreeably to this law, those medicines which, taken in large quantities, produce in healthy organisms symptoms *similar* to those of the disease, are the therapeutical agents that, in small and convenient doses, cure it in the most prompt, certain, and permanent manner. Hence it follows, that homœopathic remedies annihilate disease, by exciting in the system a certain artificial malady, which so closely resembles the natural one, as to destroy the symptoms of the disease to which such relation is sustained.

In order, therefore, to effect a satisfactory cure of any particular disease, we have, in the first place, to select from all others that medicine whose effects, symptoms, or manner of action, upon the healthy organism, most nearly resembles the symptoms of the disease which we aim to cure; and, secondly, to administer it in such form and manner, and with such frequency, as experience shows to be best adapted to the end in view. The first of these prerequisites we shall consider under the head of

SYMPTOMATOLOGY.

Symptoms are of two kinds or classes, namely: those belonging to natural diseases, called *morbid*, and those developed by medicinal agents, acting upon healthy organisms, termed *pathogenetic*. Their character is essentially the same, and they differ only in degree and manner of production. The former are the expression, or representation, so to speak, of natural diseases, or maladies; the latter of analogous artificial diseases. The former are arranged in particular groups, more or less variable, according to the age, sex, temperament, and general constitution of the patient; the latter in certain other

groups, more or less similar, according to the nature of the medicine producing them, their mode of preparation and administration, and the condition and susceptibility of the provers, or those upon whom they are made to act. While there are no known medicines capable of producing groups of symptoms precisely the same as those of natural diseases, many of them furnish groups of striking *similarity*, whereby we are enabled to select, agreeably to the law of "*similia*," such as prove curative in natural diseases. These, when rightly selected and administered, never fail of effecting perfect cures ; such medicines are therefore called *specifics*. Hence a thorough knowledge of the Materia Medica, and especially of the pathogenetic symptoms peculiar to the several remedies, and which are termed *characteristics*, is essentially necessary to success in homœopathic practice. Such knowledge can only be acquired by studying and carefully noting the effect of medicines on the healthy subject. Happily, so far as the production of a true Materia Medica is concerned, this work in the vast realm of pathogenetic investigation, has already been performed by numerous observers and provers, upon whose veracity and accuracy we can implicitly rely. Of these, Hahnemann justly stands at the head ; while the names of Stapf, Hartlaub, Hering, Franz, Nenning, and a host of others, furnish a constellation whose light pales only before that of the illustrious founder of the homœopathic system.

Notwithstanding all this, it is not to be denied that our Materia Medica has already become encumbered with many indefinite and unreliable "*symptoms*," whose presence in our works renders it extremely difficult, in many cases, to make a proper selection. Hence it becomes necessary in searching for a specific, to carefully sift, compare, and weigh the several symptoms, both of the remedy and the disease, selecting that which furnishes the most striking and perfect resemblance between them, at the same time having regard to the following principles :

1. *Symptoms have a relative value only* ; that is to say, the pathogenetic characteristics of a medicine are of greater or less value, only as compared with those which have or have not the same characteristics ; so that those symptoms, which at one time, or in one series of comparisons, have no particular value, may at another

time be of the greatest importance. Hence no pathogenetic or medicinal symptom should be disregarded, or lightly esteemed, because common to other remedies, any more than we should be justified in neglecting similar symptoms in the treatment of disease.

2. *The totality of the symptoms* is the only true indication in the selection of the remedy. For although, as before remarked, there are no well-recognized pathogenetic groups of symptoms precisely *the same* as those of natural diseases, there are those which bear such a striking *resemblance* to them, as plainly to indicate their remedial virtues under the law of "*similia*." But since they are often associated with others of a diverse character, it is necessary always to have regard to the totality of the symptoms, otherwise the law could not justly be said to apply.

3. A remedy to be perfectly homœopathic, must be capable of producing all those symptoms which are *peculiar, extraordinary and characteristic* in the natural disease. When this resemblance exists, the disease will generally yield to a single dose of the medicine, provided the remedy be properly administered, and due attention given to hygienic influences.

4. If a remedy is chosen which is not strictly homœopathic to the disease, that is, to the totality of the symptoms, it will, especially in appreciable doses, give rise to symptoms not properly belonging to the disease, and therefore referable only to the remedy ; or it will have the effect of increasing the morbid symptoms, producing what is called *homœopathic aggravation*. If, in these cases, the pathogenetic symptoms are sufficiently similar to those of the disease, to give the remedy a decidedly homœopathic effect, the disease will, as in the former case, generally yield to a single dose of the medicine, provided sufficient time be allowed for the homœopathic aggravation to subside.

THE HOMŒOPATHIC MATERIA MEDICA.

The homœopathic materia medica, in its complete form, contains such a vast number of symptoms, natural, morbid and pathogenetic, that the student is apt to be overwhelmed by their multiplicity and unscientific arrangement. I have therefore made a selection, under the head of "*Characteristic Materia Medica*," embracing only such pathogenetic symptoms as are peculiar to the several remedies, or have been confirmed by clinical experience. Of course, this is not

intended in any sense as a *substitute* for our more elaborate works on the subject, but simply as an aid to the student in acquiring an *easy* and at the same time *definite* knowledge of the characteristic symptoms of our principal medicines. A thorough knowledge of these symptoms, together with the analytical system of diseases and their remedies, will enable any competent person to select, without difficulty, the true specific for any group of symptoms which may present themselves in the course of any disease, either acute or chronic. These tables the student will do well to memorize, especially those pertaining to the more common and special forms of disease, as well as the characteristic indications of the remedies employed. This amount of familiarity with the homœopathic materia medica, and the pathogenesis of medicines, is necessary in order to give the required *coup d'œil* of the symptoms, so that the relation of the remedy to the disease may be readily and clearly recognized, and much time and suffering, as well as unnecessary labor and research, avoided.

THE HOMŒOPATHIC DOSE.

Owing to its extreme minuteness, the efficiency of the homœopathic dose, whether the medicine be exhibited in the first or last attenuations, has often excited the astonishment of the inexperienced. Many ingenious attempts have been made to explain its efficiency; some referring it solely to a dynamic power developed in its preparation, and others attributing it simply to dilution. Doubtless, both explanations are, to a certain extent, correct; that is to say, that a direct and absolute increase of medicinal energy is produced by simple attenuation, while at the same time their peculiar virtues are exalted by atomic separation. For, on the one hand, it cannot be denied that within certain extreme and indefinite limits, bounded only by atomic separation, medicinal substances are free to act upon the living organism, only in proportion as their ultimate particles, or atoms, are in a condition to be brought into the most intimate connection with the living tissues; while, on the other hand, it is equally certain, that true atomic separation must, *from the very nature of the case*, set free the peculiar medicinal virtue of the substance, and that in direct proportion to the amount of atomic separation. So that, practically, it makes but little, if any, difference which explanation is received, since in both cases, the power or virtue of the medicine, whether dynamic or otherwise, is proportionate to the amount of dilution, attenuation, or atomization, to which the medicine is subject in its preparation.

For these reasons, we would, as a general rule, recommend the employment of the higher attenuations, except when used as *blood aliments*, as *antidotes to toxic symptoms*, and in *specific blood diseases*,

when the size of the dose, or degree of attenuation, should be regulated by the object in view, and by the exigencies of the case. (*See the remarks on doses and attenuations under the head of DIPHTHERIA.*) Some, on the other hand, prefer the high attenuations only in chronic diseases, and employ low ones in the acute. But, if the above reasoning be correct—and we can testify that it has been amply verified in our own experience—the practitioner has only to repeat the dose at sufficiently short intervals, to extinguish promptly and satisfactorily the most acute symptoms. Cases, it is true, sometimes occur, in which the lower preparations seem to yield the best results; but we are satisfied, both by experience and observation, that in the vast majority of cases, if sufficient care and judgment be exercised in the selection and administration of the remedy, the greatest benefit will be derived from the exclusive use of the higher potencies, in nearly every simple or non-specific form of disease.* C. P. HART.

* The student will naturally desire some definite rule or principle by which to regulate the potency, or size of dose, in particular cases. In lieu of such information, which can only be acquired by long practice and observation, the suggestions contained in the following extract from an article of ours, entitled "*Observations on the Homœopathic Dose.*" published in the "*Cincinnati Medical Advance*" for November, 1873, may be of value:

"But a still more important consideration, affecting the question of dose, is the precise pathological condition of the patient. The symptoms, so far as casual observation goes, may be the same, and yet different cases, or the same case at different times, require either different remedies, or different attenuations of the same remedy. This is a matter of every day observation. and yet it is not sufficiently recognized in our therapeutics. To illustrate: A patient is threatened with congestion of the bowels. This presupposes a congested state of the portal system. The latter, more particularly, will determine the remedy. The former, including, of course, all the minuter elements of the case which go to make up the *tout ensemble*, and especially the matter of *susceptibility, time and degree*, will *cæteris paribus*, determine the potency or degree of attenuation. Thus, the state of greatest congestion short of actual effusion, necessarily calls for the higher attenuations, since the lower ones will be quite certain to precipitate the condition we wish to avoid. On the other hand, slight congestions, contrary to what, at first glance, we might suppose would be the case, generally require the lower potencies, though the higher may answer the purpose; but the latter will require, of course, to be pushed to the point of successful reaction to be effective. The great difficulty in such cases, is, to determine the exact pathological condition in question. If the tension, so to speak, of the function, or diseased action of the part, is as great as nature will bear without a decided change of condition, then the higher potencies will be most effective in subduing the symptoms for which they are given. On the other hand, using the same term as before, if the tension is light or weak, and the diseased function or action of the part is capable of a much greater *strain*, without any essential change in its pathological condition other than one of degree, or range of action, then experience shows that low attenuations are equally, and in many cases, even more effective than the high. In short, the whole question seems to turn upon the facility with which, in any given case, reaction is capable of being excited.

Of course, there are some conditions which stand outside of this law, such as chemical, chemico-vital and toxical conditions. which it would be absurd in the highest degree to attempt to bring under it; such for example as *anæmia*, in which there is a notable deficiency of hæmatine in the blood. Here iron is required as a *nutrient*, and hence, *cæteris paribus*, the lower the form in which we administer it, the better."

Diseases of Children.

THOMAS NICHOL, M. D., LL.B., MONTREAL, CANADA, EDITOR.

CHOLERA INFANTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MISSOURI.

(Continued from page 612, November, 1874.)

THERAPEUTICS.

For convenience and a better understanding of the subject I shall divide the treatment of cholera infantum and its sequelæ into several sections, beginning with the cholera proper as manifested by violent and active condition of the disease in its earlier stages, and under this head will also consider the subacute and relapsing forms of the same. Secondly, I shall take up for consideration the convulsions, together with the resulting paralysis ; and finally, the chronic diarrhœa and dysentery, or so called summer complaint, will be therapeutically displayed.

I wish right here to distinctly impress upon the mind of the reader, that in considering the treatment of this disease I shall not advance any fanciful theories, or air any strange, new-fangled remedies, simply for the sake of offering as a discovery something new ; this more especially since I believe firmly that the disease, where there is no unfavorable constitutional tendencies, is perfectly amenable in nearly every instance, to well proven remedies.

If I should have the good fortune, and I hope I shall, to offer anything in the shape of remedies that the profession are not acquainted with, all may be perfectly assured, that it shall only be such means as have been thoroughly tested in numerous cases, and found by a large experience to be the best adapted, in the majority of cases, to the condition for which they are recommended.

These remarks I do not offer, as indeed it may appear, in a spirit of egotism, but for the reason that every physician in

general practice as well as myself, have found in consulting works on medical subjects, remedial means lauded to the skies, which no one would question might have been of great service in one, or even several isolated cases, but nevertheless, in a majority of cases were worse than useless.

Now, what is the result of such recklessness and indiscriminate praise on the part of medical authors in behalf of their favorite hobbies? In reply to the question I will say, that physicians in busy practice are caused to lose a great deal of precious and valuable time by being led to try them; and the innocent patients, alas! too often lose their lives, victims to a very foolish and vain-glorious effort of some medical penny-a-liner to distinguish himself by offering something new, however worthless it may be.

I do not, by any means say this to deter any one from making discovery of new remedies and methods of treatment, but on the contrary believe in encouraging new discoveries, with the proviso, however, that they be well proven before they are offered to the world as infallible. Let us by all means confine ourselves to old and well-proven remedies, unless we have the evidence of some honest man, that the remedy offered has been proven in numerous well attested cases of the disease for which it is recommended, and not, as is too frequently the case, in one or two exhibitions where it may be very doubtful whether nature or the remedy effected the relief. Without further preliminary remarks, other than to say that I shall only give brief characteristic indications for the administration of each drug, I shall now proceed to the treatment of *Cholera Infantum*.

REMEDIES.

Veratrum Album is, perhaps, in a majority of cases, the first remedy to be called into requisition. It is especially indicated if the attack should be ushered in very suddenly by large watery discharges from the bowels, immediately followed by copious vomiting without seeming effort; cold, clammy surface, great and sudden prostration following immediately upon the extraordinary profuse evacuation.

Very great sensitiveness and pain in the abdominal region ; great anguish is indicated by the moaning and tossing about of the little patient ; tendency to spasms, painful contractions of the soles of the feet and palms of the hands ; and finally, I may say, that the most marked characteristic of Veratrum is the attack *comes on early in the morning*.

Tartar Emetic is, in cases of sudden invasion, next to Veratrum, the best remedy. Its most marked indications are—almost incessant and profuse vomiting, accompanied by a short dry cough, rattling in the throat, apparent constriction of the pharynx, labored breathing, cold hands and feet, great pallor ; child is drowsy, does not like to be disturbed, and *does not seem at all thirsty*.

Arsenicum Album is called for in those cases where there is violent gagging and vomiting, which, however, is not very copious—of watery, bilious, slimy, greenish-brown, or black matter ; the lips are blue, cold and shriveled ; the breath is cold, nose pointed, sunken cheeks ; cold, dry, shriveled and bluish skin all over the body ; pulse tremulous and intermittent ;—small watery evacuations accompanied by very painful burning tenesmus, and *burning thirst*, which nevertheless *is quenched by very few drops only to return in a few moments as bad as before drinking*.

Ipecacuanha is also indicated by sudden paroxysms of great nausea and loathing ; but vomiting, if it should occur, is very scant, consisting of mucus and bilious matters mixed with ingesta, diarrhœic evacuations of greenish yellow, slimy lumpy matter, smelling sour, and having the appearance of being fermented ; face puffed, distorted, red and hot, blue margins around the eyes, paroxysms of suffocative spasmodic cough, during which the face becomes blue and the body rigid, panting breath and nervous twitching.

Cuprum metallicum. Copper is an excellent remedy where there is a tendency to convulsions from the very outset, and where the vomiting and retching are violent and seem to arise from abdominal spasms ; the child is very irritable and screams violently with anger on the slightest provocation.

Tabacum. Tobacco is an excellent remedy in those cases of cholera infantum, where there is icy coldness of the extremities, with hot abdominal surface, and the little sufferer *does not seem satisfied until all the covering is removed, and the abdomen is exposed to the cold air, which seems to mitigate the vomiting and nausea, that are always incited by motion*;—deathly pallor of the face, and cold viscid sweat.

Aconitum Radix. If in the earlier stages of the attack the child has a flushed face, hot head and abdomen, fierce thirst, together with symptoms of great general febrile excitement I have almost invariably found beautiful results to follow the administration of frequently repeated doses of root tincture of Aconite, given in the following manner:—

Mix ten drops of the tincture in ten tablespoonful of cold water, administering a teaspoonful dose every 15 or 20 minutes, until the febrile excitement is controlled, after which some one of the previously mentioned remedies, may be called into requisition.

Camphora. In cases where all other remedies have failed, and where collapse is imminent, or has already taken place, tincture of Camphor prepared and administered in the same manner as Aconite as above recommended, will prove highly efficacious, recalling life as it were at the last moment.

With the exception of Aconite and Camphor, which according to my experience should *always* be given and prepared as in the manner above described, I have purposely avoided recommending any potency or mode of preparation, leaving it to each practitioner to give the remedies in such manner as his own judgment or experience may dictate, and this I do simply because I believe the remedies if given to the individual indications of each will do good in any potency or manner that they may be exhibited. However, it may not be amiss to state, that I have preferences for the second and third attenuations, and believe they should be administered at intervals of not less than half-an-hour.

The remedies above mentioned are those that by experience I have found most beneficial in the majority of cases; to be

sure there are many others, yet I think that nearly every curable case of cholera infantum may be brought to a successful issue by a persevering and judicious application of their virtues.

In those cases of sub-acute, lingering and recurring cholera infantum, where all the marked symptoms of the disease are present but in a mitigated or less violent form, I have found in addition to the remedies already referred to, the following to be of great utility :—

China Officinalis. This remedy is often of great benefit in cases, where the evacuations are brownish, mixed with undigested food ; the symptoms are aggravated by eating, and are worse at night ; great debility, emaciation and œdematous condition of the extremities, rumbling and distended abdomen, with watery eructations and insatiable hunger and thirst.

Chamomilla Vulgaris is indicated when the diarrhœa is characterized by watery, bilious, greenish yellow, slimy discharges, nausea and bilious vomiting, absence of hunger, very little thirst ; the child is restless, and is relieved by being carried about.

Ferrum Metallicum. Iron is called for when there exists a nightly diarrhœa, peculiar to the early painless evacuation of watery lienteric stools, distended abdomen without flatulence great emaciation, pale bloodless appearance of the surface, canine hunger alternating with loss of appetite.

Mercurius. The soluble or black oxide of Mercury is a grand remedy in cases that are characterised by frothy watery stools tinged with blood, and when the stools look and smell like rotten eggs, the discharges are always accompanied by great tenesmus, and there is extreme languor and trembling, with cold perspirations.

Rhubarb. The stools are large, consisting of a slimy liquid smelling sour and having the appearance of being fermented, occasional vomiting, pale face, severe colic, great restlessness, and drawing up of the legs, accompanied by screaming.

ADJUVANS.

Cold. Cold water, or indeed in some instances even ice applied to the head and abdominal surface are very grateful, and materially aid in controlling the vomiting and tendency toward convulsions.

I have also found, perhaps greater benefit derived by keeping cloths wet in a mixture of equal parts of brandy and ice-water, constantly on the head and abdomen, changing as often as they become hot and dry. When the surface is cold, shriveled, and collapse evidently approaching, active friction with camphorated oil is exceedingly beneficial.

Diet. If the child is not weaned, the breast-milk, in the manner directed farther on, is the best and only food admissible; but in case the child has been weaned, only light farinaceous articles of diet, such as fresh soda crackers, together with ripe acidulous fruits in season, such as orange, blackberries, and baked apples, should be permitted.

Beef Tea. Where there is a great prostration, it is advisable to give occasionally a teaspoonful of freshly prepared beef tea.

Water, and in fact all liquids, except lemonade, which I shall notice farther on, should be most strenuously prohibited, for the simple reason, that free drinking is surely followed by the immediate ejection through emesis of the liquid swallowed, and thus it will be seen, that by repeated libations the vomiting will not only be greatly facilitated, but even when it has ceased, will be caused to recur.

It may really seem, as in almost any other instance, it would be cruel to thus deny the little innocent the satisfaction of quenching its thirst, but it is only done that we may be able to save its life, and it usually will not in the majority of cases, especially if the parents or nurse are possessed of ordinary intelligence, be difficult to convince them of the necessity and judiciousness of this denial. I am fully convinced that nature does not usually make capricious and unnecessary demands; but here is an instance where, if the natural inclinations are permitted to enjoy their gratification, fatal results are very apt to be the consequence.

In the prohibition of liquids I am forced to include, in case of nursing infants the administration of the breast except at intervals of three or four hours, and then the child must not be allowed to nurse to satiety, but only for a few minutes, at most not more than three or four at a time. The expediency of this is readily seen when we take into consideration how very little, if indeed any in many cases, of the milk can be assimilated, owing to the relaxed and inactive, or rather if you will, revulsive action of the absorbents.

Blackberry Syrup, or cordial diluted with water, is often an excellent auxiliary in the treatment of this malady.

Lemonade. Notwithstanding what has been said against the granting of indiscriminate permission to drink *ad libitum* in cholera infantum, I have found in *ice-cold lemonade*, made very sour with the juice of fresh lemons, and slightly sweetened with clarified sugar, a means that not only is a great boon to the little sufferer, whose thirst seems to consume him, but also a most excellent remedy for the vomiting itself, and one that sometimes when all others have failed, will put a stop to the emesis and very materially aid to restore the deranged system to harmony and tranquillity.

It should, however, as I have before stated, be made so as to contain a large proportion of juice from the fresh fruit, and never under any condition given in quantities greater than a teaspoonful at one time, which amount, however, may be given at very short intervals, say every five or ten minutes, if the patient should desire it frequently.

It is not advisable in case of nursing children to give lemonade either directly before or after nursing, since there would be a probability of the milk being curdled in the stomach thereby. Its free administration does not interfere unfavorably with the action of any of the remedies previously recommended, on the contrary, it seems to assist the proper assimilation of their remedial virtues.

CONVULSIONS.

Since violent convulsions so frequently accompany or follow directly upon the cessation of the active stages of the disease, I shall at once proceed to their therapeutic consideration.

(To be continued.)

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

DIGITALINE.*

I introduce this drug among the *new* remedies for the same reason that I introduce Atropine and Ergotine, namely:—that it is not mentioned in our text-books on Materia Medica, and that there are instances when the active principle of the plant are substituted for the original drug, with great benefit.

Digitaline is the active principle, or alkaloid of the plant *Digitalis*, and possesses a large proportion of its pathogenetic effects. I assume the same ground in treating this substance that I did in treating of Atropine—that while an alkaloid may represent the principal effects of the plant, it cannot represent all the symptomatic effects, and nicer shades of action. Digitaline from the very numerous experiments recorded, made by the most eminent physiologists, seems to affect the heart in a manner nearly if not altogether indential with *Digitalis*.

I have written a good deal concerning the action of *Digitalis*, and my papers have been severely crititised by physicians so bigoted that they would not see the logical deductions that must arise in consequence of new discoveries in the action of medicines. But time has confirmed my views and silenced my critics, and I am content.

I will state in as brief terms as possible, the known and undisputed action of Digitaline on the heart:—

(1.) Digitaline produces a condition of excitement in the controlling centres in the heart, and hence the slowing of the pulse, with increased power of the heart's impulse.

(2.) It has a peculiar specific influence on the heart's muscle, whose contractions are strengthened in the first stage,

* Extract from a Lecture by PROF. E. M. HALE, of Hahnemann Medical College, Chicago.

becoming irregular in the second, and in the third a peculiar rigidity is induced.

The *primary action* of Digitaline or Digitalis, then is to cause increased power of the heart's contractions, the pulse being first regular and slightly accelerated; next irregular to intermitting; and finally very slow, until the heart ceases to beat and stops in systole—i. e., in rigid, tetanic, permanent contraction, which ends in death, or *recovery with secondary effects*.

These *secondary effects*, are the reverse of the primary—i. e. the pulse is very slow and soft, then irregular, intermittent and weak, and finally quick and weak, the heart rarely completing its normal contractions, because of the feeble condition of its muscular fibres.

Now it is evident to me, as the result of twenty-five years of close observation, that Digitalis is homœopathic to both its primary and secondary effects; but that it has rarely been used except for the latter. Hahnemann evidently did not understand the action of Digitalis; he as much as confesses it in several instances, as when he states that its action in certain dropsies is “curative, but nevertheless antipathic.”

Now it is a fact, that unless we understand and appreciate the secondary effects of drugs, a large proportion of our cures made with appreciable doses, *appear* to be antipathic. This is especially the case with Digitaline, and this is the reason why our school are continually losing the advantage they might gain by the rational use of Digitalis in many diseases.

Now, according to my law of dose, if we would use Digitaline for symptoms similar to its primary effects, we must prescribe the attenuations above the 6th, or we shall get unpleasant aggravations. But if we are treating conditions similar to its secondary effects, we must use the lower attenuations. The question is—How low can we go with safety?

Digitaline (and I must here warn you not to use any of the spurious substances called by this name manufactured by various firms throughout the country, for they are generally inert, or less powerful than the dried leaves) the *crystallized* active

principle (*alkaloid*) occurs in short and delicate needle-shaped crystals, and possesses an intense and persistent bitter taste ; slightly soluble in water—soluble in 12 parts of cold and 6 of boiling, alcohol of 90°, less soluble in absolute alcohol ; nearly insoluble in ether, very soluble in chloroform.

Amorphous Digitaline is a whitish or yellowish powder, odorless, but of a very bitter taste, nearly insoluble in ether and water, readily soluble in alcohol. Crude *Digitalis* is said to contain 10 or 12 per cent. of crystallizable Digitaline, which is said to be somewhat more powerful than the Amorphous Digitaline.

Either Digitaline is a very powerful poison. It is said that "one-ninth of a grain has been taken without toxic effect," but I advise you not to try such a dose. One-fiftieth of a grain has caused very unpleasant, if not dangerous symptoms. I should not like to give 1-100th part of a grain very frequently in repeated doses. When we wish to get prompt, decisive action, as in a case of cardiac failure, syncope, or threatened paralysis, a few doses of the 1-100th might be given, but for general use in cardiac diseases the 1-1000th (or 2c.) is as low as I advise you to use it in adults.

The action of toxic doses of Aconite, Veratrum viride, Veratrum album, and Gelseminum, is just the opposite of Digitalis ; thus in a case of poisoning by the latter, or serious aggravation from an over-dose Aconite or Verat. vir. is the best antidote (in doses of one to three drops of the tincture repeated frequently, until the symptoms are better.)

In my "Lectures on Diseases of the Heart," I have carefully pointed out the characteristic symptoms and conditions for which Digitalis is indicated. I will therefore only briefly enumerate the conditions.

In *cardiac diseases* it is primarily indicated (in high attenuations,) when the heart is excited and beats with increased force and power, causing congestion of the head, ringing in the ears, flushed face, etc. Such conditions are usually caused by over exertion, over-excitement from the stimulating emotions ;—certain cerebral irritations, etc. In pure hypertrophy, i. e. with enlargement of the heart-muscle, where allopathists pronounce

Digitalis unsuitable, it may be used with advantage in the 6th dilution.

But its chief value is in those conditions which simulate its secondary toxic effects, namely :—

“When the muscle of the heart is for any reason unequal to the task set it, the systoles become rapid and imperfect, and by this irregular action the ventricles neither completely filling nor emptying themselves, increase the embarrassment. Under these circumstances, Digitalis by lengthening the diastolic pauses and increasing the force of the systolic contractions, causes the ventricles to fill themselves in the one, and to completely empty themselves in the other act. By subduing irregular action through the inhibitory nerves, by energizing the muscular power of the heart-walls, the remedy is of incalculable value, and increasing arterial tension all over the body causes the disappearance or lessening of symptoms due to low pressure in the arteries.”

The Digitaline would therefore be indicated in *hypertrophy with dilatation ; mitral insufficiency ; aortic constriction ; irritable heart, without enlargement ;* and many *valvular diseases*, with cardiac debility.

There are many cases, and you will meet with them in practice, if you watch for them, when the patient seems suffering from a condition known by the vague term “general debility.” There is an atony of all the tissues, and a poverty of all the secretions, due to lack of assimilation of the nutritive elements of food. You will observe in all these cases that the *heart* appears to be the weakest organ, probably because it is *constantly laboring*.

Now while you are building up the system with good food, fresh air, gentle stimulation, with such medicines as Nux, Phosphates, Ferrum, and the like, do not fail to give a special tonic for the heart. It will aid in a wonderful manner other remedies. Thus, if you attenuate Digitaline 3x. with Ferrum 1x., you will succeed in curing anæmia and chlorosis in half the time you can by Ferrum alone. Digitaline 3x. and Phosphate of Strychnia, act beautifully in alternation in feeble, broken down constitutions. You can alternate Digitaline with

many other specific restorative medicines, now that you see the principle involved.

In *cardiac dropsy* we know that Digitalis is the chief of a remedies. When the heart has become so weakened that effusion takes place in all the cavities and cellular tissues (anasarca) we know of no medicine which will bear any relation to Digitalis in curative power.

It has been suggested that Digitaline might act as well as the infusion of the leaves, or the tincture, both liable to deterioration, and at times uncertain in their action.

Christison's experiments prompted him to assert that "Digitaline was the most powerful and certain diuretic known," and that "its action on the heart, and its diuretic effect were never coincident." All the old authors remark that Digitalis is no diuretic until *after* it affects the heart and pulse.

I think there are many cases where you can substitute the alkaloid for the herb, and its other preparations. It will sometimes act promptly when the tincture or trituration of the leaves will not, or have lost their good effect.

In cases of dropsy from heart disease, begin with the 3x. trit. in grain doses, every two hours. If no action of the kidneys takes place in a few days, give the 2x. in the same.

In *spermatorrhæa* and *nocturnal emissions* from erithism of the sexual organs, it often acts with surprising efficacy. But do not give it as Bæhr and Burt recommend "in grain doses" unless you use the 3x trituration. Digitaline acts on the sexual organs of men, very much as the Bromide of Potassium: i.e., *it abolishes power and desire*. It is therefore primarily homœopathic to *impotency with spermatorrhæa*, and secondarily to *emissions with over excitement*.

I would recommend, from my own experience its use in *delirium tremens*; *fainting attacks from sudden heart failure*; *nervous vertigo*; *collapse from uterine hæmorrhage*; *poisoning Tobacco, Aconite, Veratrum, mushrooms, Calabar, and other from poisons which weaken and paralyze the heart*.

In fact, you can use Digitaline for nearly all the conditions for which Digitalis is indicated, and it will act quicker, and as safely, in the proper doses.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

CASE OF DOUBLE OBLIQUE INGUINAL HERNIA INTO THE SCROTUM, STRANGULATED ; RELIEVED BY THE ASPIRATOR.

Read before the New Jersey State Homœopathic Medical Society, Oct. 14, 1874,

BY J. YOUNGLOVE, M. D., ELIZABETH, N. J.

James McCloud, a colored man, 48 years of age, has been afflicted with double scrotal hernia for the past sixteen years, during which time has constantly worn a truss.

He tells me that twelve years ago the truss broke and the hernia came down into the scrotum. At that time it was returned after exceeding trouble and pains ; three doctors working over him for more than 3 hours, all the while being under the influence of chloroform. Since that time he has lived very comfortably with the assistance of his truss until three months since ; one forenoon while unloading some heavy barrels of potatoes from a wagon the truss broke again, and he says he felt his "bowels give 'way." He says he felt so sick he could eat no dinner, after which he went to bed, and his employer called in an allopathic surgeon near by to his assistance.

He proceeded to examine, discovered the double scrotal hernia, and for about half-an-hour labored to return the same. Failing at reduction, he sent for two of his associates ; they placed the patient under the influence of chloroform and then for three long hours manipulated in vain to return the misplaced intestine. At length the employer, at whose house the patient was in bed, sent to a relative of his to advise what was to be done as things were getting desperate. He sent back word to dismiss the three allopathic physicians, and bring the man in a wagon to his house ; this he accordingly did, and upon the arrival of the patient, sent the employer in to

my office to solicit my immediate attendance. This I was not slow to grant.

The influence of the anæsthetic had passed away, with the exception of leaving a severe headache. But the scrotal sac, holding the hernias was immense in size and discouraging to look upon. How could such a large bulk be passed up thro' such small openings as the inguinal canal and rings? That was the question. But I soon discovered upon examination that this great bulk had not obtained by the hernias *per se*, but that the parts were very much tumefied and swollen, and made tender by the kneading and punching they had received by the three former surgeons who had so ingloriously failed.

One year ago last spring, Dr. Mandeville, of Newark, exhibited before the profession at the State Society held in that city at that time, a very ingenious surgical instrument of French design, called the aspirator. It consists mainly of a small air-tight cylinder with closely fitting piston, the whole so arranged with valves that the space inside the cylinder can be made a perfect vacuum in an instant. The end of the piston rod, a key handle, and to the other extremity of the cylinder is attached by close-threaded screw, a small needle pointed steel tube.

At the time spoken of, the Doctor showed the beautiful working of the instrument to the delight of all present, and recommended its use for tapping the bladder distended with urine, through any obstruction where it is impossible to pass the catheter. Also for hydrothorax, ascites, ovarian dropsy and abscesses located in places where it is unsafe to use the bistoury owing to the wounding of arteries or the inception of air.

Or again, where it may be desirable to avoid a facial cicatrix. The aperture made by the aspirator needle is so small, that upon its withdrawal it will immediately close up, and as no air is permitted to enter, it can be made to pierce the most delicate tissue, and at many vital points, without the slightest danger. And should our diagnosis be a blunder, no harm is done, for it is also an excellent explorer.

I have thus apparently diverged from my subject in describing this precious instrument, because in the case under description, it was to achieve one of its greatest triumphs in the relief of human suffering, and averting the threatening peril of life itself.

Upon arriving at the bedside of my patient, I at once commenced the usual methods of reduction by taxis. It was all

in vain, I had a double enemy to deal with, which had been produced by too much manipulation already. A complication which was being multiplied by every effort at taxis, as will soon be shown.

After having worked for about fifteen minutes, I thought of the aspirator I had seen at our State Society—was confident there must be something here besides the usual contents of a hernial sac. Why would not the aspirator be just the thing to relieve this trouble, and cut the Gordian knot? Upon this thought I ceased all further attempts at reduction, and dispatched a messenger for Dr. Mandeville to come to my assistance, and be sure and bring along his aspirator. In about four hours more we were both at the bedside of the patient.—After a few more thorough but fruitless efforts at reduction, the bulk still remaining about the same in size, we desisted.

The man now lying horizontally on his back, I seized with the thumbs and fingers of both hands firmly around the neck of the entire tumor. This pressed the contents up and rendered the tissue stretching across the fundus very tense. Into the centre of this, fully two inches deep, Dr. M. plunged the fine needle of the aspirator, and holding the instrument firmly, began to pump. The withdrawal of the piston was closely followed by a column of *serum*, having a distinct urinary smell. Turning the little stop-cock to exclude the air from inside of the tumor, the Doctor turned out the contents of the cylinder without removing or in the least changing the position of the instrument. He then repeated the pumping until all of $3\frac{1}{2}$ ounces of fluid had been withdrawn—all that could be obtained.

From the very first action of the piston I felt the tumor sensibly diminish, and inside of the time it has taken me to write this, the whole scrotum had collapsed in my hands, and what was left of the real hernia in both sides, I returned to the abdomen in less than half-a-minute, and our task, (which a moment before had looked so formidable) was accomplished.

As the parts had been so much bruised, I ordered the patient to remain in bed the next day, with cold water compresses over the scrotum and inguinal region. But on the second day after the accident, the truss (now mended) was replaced, and our patient resumed his usual avocation, that of a porter. He has never experienced any inconvenience or peril from our operation.

Shortly after the man's recovery, and while standing on the sidewalk one day, two of the allopathic surgeons who first had

the case rode by, and were heard by an ear-witness to express considerable consternation and surprise to see that the man was still in the land of the living and able to be out. This is not to be wondered at, inasmuch as I have since learned, that they had given up all hope of reduction by taxis, and were about to prepare to "cut," as they termed it, when, fortunately for their victim, they were told that their services were no longer required.

This case teaches us two or three important lessons : and first—As new forms of disease and new complications of surgical affections are constantly occurring in one's practice, it behooves every physician to be up to the times. And in order to do that, he must read *new* books, the monthly and quarterly journals ; and last though not least, attend our Medical Societies, where diseases and their treatment are discussed, and where each one's views and experiences are advanced and expressed. It is by this means we can gain the most tangible and satisfactory victories over the "old school" of practice—and I hold that any triumph gained either in surgery, medicine or obstetrics, through the superior knowledge and skill of any exponent of homœopathy, whereby disease is shortened, a life jeopardized is saved, or human suffering is alleviated, is a thing most devoutly to be sought after, and a blessing to the whole world.

In passing I cannot refrain from publicly thanking my able friend, Dr. Mandeville for his promptness in responding to my call for assistance, and for his skill displayed in the operation. Also for his enterprise and persevering labors in the cause of homœopathy and medical science.

Second and last, I call your attention to the important pathological lesson which this case teaches. Let us then for a moment analyze the surgical pathology of this interesting case : It is easy *now* to see that it was a case of hernial hydrocele complicated with hæmatocele ; for, as I neglected to state before, in the *first* withdrawal of the piston the upper third of the aspirator was filled with blood, then followed only serum. As Helmuth in his able "System of Surgery," says : "The tunica vaginalis testis secretes, in its natural state, a limpid fluid which lubricates its internal surface and that of the tunica albuginea. . . . It is probable that the accumulation is the result of excited action in the parts, for its origin is most frequently attributable to external injury—*blows* or *bruises*, &c."

And again, in regard to hæmatocele, the same author says :

“By that term is understood an accumulation of *blood* in one of the three localities, the areolar of the scrotum, of the cord, or the tunica vaginalis. When it attacks the scrotum it is the result of a bruise or oblique wound; the scrotum becomes swollen and assumes a blackish-hue like that of urinary infiltration.”

Here then we have a solution of the whole matter. The man had never been troubled with hydrocele; *but* the severe taxis (and prolonged,) the scrotal sac had been subject to while the patient was under influence of Chloroform (we gave none) had excited the morbid and exceedingly rapid secretion of serum by tunica vaginalis, causing, if I may so speak, acute hydrocele; and second, the same severe handling had caused the rupture of capillary vessels, the extravasation of blood already spoken of, and hence the complication of acute and recent hæmatocele. The descent then of the gut in this case, was as nothing compared to the *whole combination*; for after the sac was evacuated of the fluid the simplest mode of taxis accomplished the rest. Part of the descended bowel must have been passed up into the inguinal canal before the operation was performed; yet, owing to the state of things already described, it was utterly impossible for us to tell, how far our task was accomplished, for all authorities agree that such cases are very hard to correctly diagnose. But here the aspirator steps in, solves all doubt, and brings relief to both patient and practitioner.

If the descended gut is distended with gas its use is no less desirable and successful. For in regard to this point, Hel-muth in writing of reduction (but without referring to the use of the aspirator) says: “I am very much of the belief that the puncturing the intestine in those difficult cases in which reduction is impracticable, will in many cases succeed other operative measures.

There can be no doubt from the cases that have already been relieved in this manner, that ultimately the operation will be attempted before resorting to the graver one of herniotomy.”

In view of these facts, I answer, let the puncture be performed by the aspirator needle, then the operation will be of universal adoption, it will often obviate dangerous operative procedure for strangulated hernia, less perilous to the patient than simple puncture, and hence complete in every detail.

[The treatment of the above case by the aspirator is highly
15—Feb. 1875.

interesting, and the early date (two days,) at which the patient was enabled to resume his work was remarkable. No peritoneal inflammation seems to have resulted from penetrating the peritoneum or bowel. No subsequent effects occurred, such as sometimes supervene after punctured wounds.

The previous bruising of the parts was certainly against the man's life, as well as against the use of any puncturing instrument, but the case required prompt action, and hence the lesser danger was to be held in abeyance to the more serious one prospectively of gangrene from strangulation. A case of so many years standing of hernia, will endure much more hard and rough local usage however, than recent ruptures, and an operator can be more bold in his surgical treatment of long standing hernias, especially where the abdomen has become accustomed to the pressure of the truss pads. —EDITOR.]

THE ASPIRATOR.

This instrument is coming into use for a class of deep seated abscesses, and internal effusions. The pericardium in hydrops pericardii now has paracentesis performed on it by this instrument. The bladder is tapped above the pubis in very bad cases of retention of urine, when the catheter cannot be inserted. Hydrocephalus cases we propose to try also when favorable opportunity presents.

Modifications of Dieulafoy's original instrument are constantly being made, and about the best one is that of the English firm of Coxeter & Sons: London. Their instrument is made (as described in *Braithwaite's Retrospect* for July 1874) as follows:—

The objection to the glass cylinder adopted in many instruments is the difficulty, if not impossibility, of making it so true, that the piston shall fit accurately throughout and maintain a perfect vacuum. In this new instrument, Messrs. Coxeter have reverted the brass cylinder, but have fitted to its

lower end, a narrow glass ring, through which the character of the fluid withdrawn can be readily seen.

The aspirator is fitted with an ingenious three-way stop-cock, by which the use of a second stop-cock, which is always troublesome in use is dispensed with. As it is found impossible to make the ordinary flute-key stop-cock of the stomach pump sufficiently air-tight for purposes of aspiration, this arrangement seems to be the most satisfactory which can be obtained.

In addition to the glass in the cylinder, the tube to which the aspirating needle is attached is fitted with a piece of glass tubing, so that the nature of even a very small quantity of fluid may be at once ascertained. The needles themselves are made of seamless steel, and are therefore, more durable, and less liable to become impermeable from rust."

Codman & Shurtleff's Potain's Modification of Dieulafoy's Aspirator.

Fig. 68.

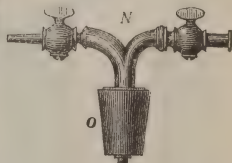
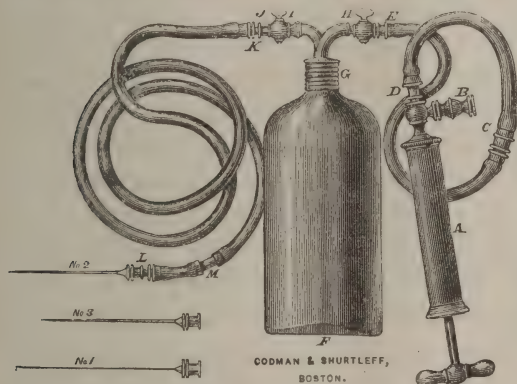


Fig. 69. The stopper and cocks supplied with apparatus No. 2.

This instrument has the following improvements and inventions :—

1st.—Means of changing the Pump from an exhaustive to a force-pump, and *vica versa*, thereby enabling the operator, not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—See *Dieulafoy on Aspiration*, pp. 276, 278.

2nd.—The employment in this apparatus (No. 2) of a metal screw-cap, fitting the neck of the receiver supplied with this apparatus so securely, that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3rd.—The substitution, for the ordinary oiled-silk valves of other apparatus of a kind indestructible both in form and material.

4th.—A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior to any in use heretofore.

NEW HYPODERMIC SYRINGE.

BY GEORGE R. FOWLER, M. D.

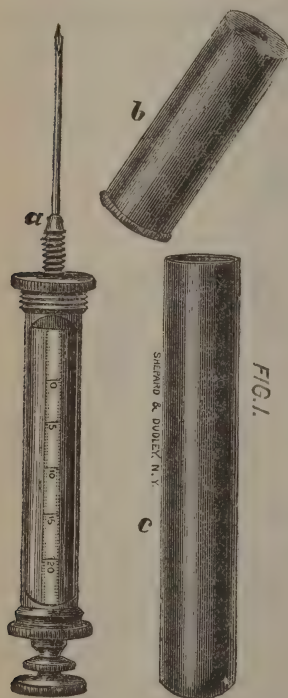
[There are only a few of our readers who use the hypodermic syringe, but those who do so should be acquainted with the best instrument, and for their information we reprint the following article from N. Y. *Medical Record*] :—

Every physician who uses a hypodermic syringe has experienced the many inconveniences attending the use of the old pattern. When not often used, the leather packing upon the piston becomes dry, and some time is consumed, in perhaps

an emergency, in getting the syringe to work. The points frequently become occluded, and the wires used to prevent this, when the syringe is not in use, often become fastened tightly in the point, breaking off when attempts are made to disengage them, thus adding to the physician's annoyance. As now made by the instrument-makers, they are put up in leather-covered cases, which, under the influence of moisture from the perspiration when carried in the pocket, soon wear out and fall to pieces.

Then there is the inconvenience of carrying the solution in the old way. The cork of the vial contained in the case frequently becomes loosened, and the solution of Morphia, which of course is the one most frequently employed,

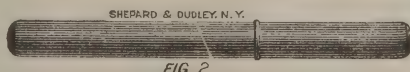
evaporates, and the crystals are deposited about the cork, gluing it so effectually to the glass as to leave no alternative but to break the bottle in order to get at the contents.



Sometime ago I conceived the idea of doing away with the case and vial, and attaching a reservoir to the end of the syringe, to which latter a point was permanently fixed. The accompanying cuts represent the instrument.

Fig. 1, at "a" shows the syringe, with an Aluminum point permanently fixed; "b" the reservoir made of hard rubber, containing the solution, and having the lower end (as shown by the milled edge) removable, so that the reservoir may be filled without detaching the syringe; "c," the case, also of hard rubber, for the syringe.

The whole instrument when complete, as represented at *Fig. 2*, is compact, and occupies little more space than the ordinary hard rubber thermometer case.



To use the syringe, the case "c" (*Fig. 1*) is unscrewed and removed, and the solution drawn into the barrel to the desired amount, *without detaching the reservoir*. Then unscrew the reservoir, and the instrument is ready for use.

The leather packing is constantly kept moist and ready for use by a small portion of the solution passing to it through the point by capillary attraction. The point being of Aluminum will never corrode, however acid the solution employed.

The Morphia solution which I have been in the habit of employing for the past two years possesses the advantage of keeping when properly made, unchanged for an indefinite length of time. The following is the formula:—

R. Morph. sulph.	-	-	-	gr. xvi.
Aquæ dest. ebullient,	-	-	-	3 vi.
Acidi sul. dil.,	-	-	-	m. ii.
Misce et adde,				
Acidi carbol.,	-	-	-	gr. v.
Glycerine puræ,	-	-	-	3 ii.

Again boil and filter carefully.

The above solution may be carried in the reservoir of this syringe any length of time without change.

A word as to the method employed by most physicians in giving a hypodermic injection. It is done by pinching up a fold of skin and thrusting the point of the syringe into this. This, I think is very objectionable. By it all anatomical relations of the skin to the superficial veins are destroyed, and the danger of injecting into one of these increased. This accident has happened to me on two different occasions, and I never wish to witness such terrible suffering again. Both of these recovered, but the accident suggested to me the following method :—

Instead of pinching up a fold of the skin, draw the skin tightly over the subjacent cellular tissue at the point at which the injection is to be given. Then hold the syringe at right angles to the long axis of the limb or part, and press the whole length of the point firmly against the surface of the skin. This forms a furrow, one terminus of which is at the sharpened point of the syringe. The instrument is now quickly thrust forward, when it will be found to have entered the subcutaneous cellular tissue by the absence of resistance.— This I have found to be the most certain, safe, and painless method of introducing the point.

ELECTRO-MEDICAL APPARATUS, OF A. GAIFFE, PARIS.

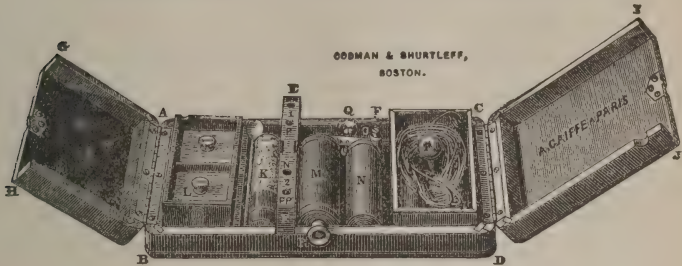
This Battery gives three currents :—

- 1st. The Extra Current.
- 2d. The Inductive Current.
- 3d. A combination of the two—in great intensity.

Though the results of these currents may be the same physiologically, yet they present a series of increasing effects, which may be varied at will, beginning with a current so mild as scarcely to be perceptible, and being gradually increased to one of great intensity. The battery is charged with the Bi-Sulphate of Mercury and water, and gives rise to no odor. All its parts are perfectly adjusted, and do not readily get out of order.— Extra “troughs” may be obtained at a small cost ; thus enabling the physician to leave one with each patient whom he treats by Electricity.— This arrangement also diminishes the weight of the apparatus. The whole machine is in the form of a case $7\frac{1}{2}$ inches long, 4 wide, and $1\frac{1}{2}$ inches

thick, weighing only 24 ounces, including therein the Electrodes, &c., contained in the case. Nothing protrudes from the exterior. It is, in fact, a pocket instrument, combining with compactness and durability all the qualities of a superior Electro-Medical apparatus.

DESCRIPTION AND USE OF THE APPARATUS.



The battery and the customary accessories are contained in the rectangular box, A, B, C, D.

A transverse partition, E F, divides it into two parts, entirely separating one from the other, and having each its cover, G H, I J. The first case is itself divided into two compartments; one contains the Pile L, placed between two springs, which establish the communication, and which should always press against the little piece of metal inserted in each end of the Pile; and the other contains a tube, K, filled with the Bi-Sulphate of Mercury, and a little spoon which serves as a measure.

To operate the apparatus, take off the movable plates of zinc, and place in each portion of the trough as much of the Salt of Mercury as will fill the little spoon twice, and a sufficient quantity of water to come up to the under surface of the zincs, when they are replaced in the trough.

The buzzing of the vibrator Q, at once announces the passage of the current. Care should be taken that the usual slot in the top of the trough should be on the same side as the head of the graduating tube.

The part situated on the other side of the partition, E F, contains the coil, M, upon which are wound the inducting and leading wires.

The button R, is the head of the graduating tube; drawing this out, more or less, increases or diminishes the power of the apparatus.

In the partition E F, near 1 are the ends of the wire which gives the extra current; and at 2, the ends of the wire which generates the inductive current.

The letters P (positive) and N (negative) indicate the direction of the currents.

Full directions for the use of this excellent portable apparatus, are sent out with each instrument—(price \$12.)

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

HINTS TO HOMŒOPATHS.

The great stumbling-block to allopathic investigation of homœopathy does not lie to-day, in the seeming paradox involved in the dogma "*similia*." It has floated gently, imperceptibly, and unconsciously past that point, but it is brought up short before the moony theory of the high potencies (?) and the air of supernatural mystery that hangs cloudily about the 70m. of Fincke and Jenichen.

Not long since, an allopathic physician remarked to me, that he had heard an authoritative explanation of the fact that homœopathic medicines were not kept in allopathic drug stores.

I remarked, that I supposed the reason to be that there was but small demand for them, in such quarters.

"Not at all," he replied, "but because homœopathic medicines *refuse to act*, when brought in near proximity to allopathic drugs."

Very talented drugs those, but deficient in judgment. And I'll wager my favorite roadster that the homœopath who thus edified my regular friend, believes in ghosts, witches, and the 70m.

Dr. S—— waits for the "moon to full" before venturing upon prescribing Calcareo, regardless of the possibility that death may not wait so long.

Dr. W—— does not allow flowers to grow in his yard or garden, for fear that his remedies may be corrupted by these gaudy vanities of nature.

Dr. P—— strikes an attitude expressive of horror, indignation and scorn, when, on entering the sick chamber, his nostrils are invaded by the unholy smell of Camphor; and his

medicine-case remains closely locked and presumably air-tight until the offending bottle of Camphor is assaulted and carried off into disgraceful captivity. Then the Doctor breathes freely once more; examines his patient, consults the almanac, and if the moon is favorable gives the 70 m., and rigidly allows its full time to *act*, be that twenty or sixty days.

Another Dr. ———, (I don't remember his name) looks upon a glass that has contained a solution of Belladonna 30th as if it were the prophet's deadly pot of gourds, until it has received absolution by being scrupulously cleansed in boiling hot distilled water, and dried in a fiery furnace in which nothing else had ever been dried.

If cleanliness is next to godliness, *this* is hopelessly ahead of it; unless there is a magic in it; which would be a satisfactory explanation, if the explanation were explained satisfactorily.

Still another Doctor finds that the "potencies" are prone to break glasses in which they are suspended; and, of course, jumps to the highly scientific and logical conclusion, that the "potency did it"; forgetting that unused glasses are sometimes broken merely by putting water into them. This I exemplified last summer. In cleaning six ancient glass jars that had held no liquid during the last decade, I found to my surprise, that two of the half-dozen were broken by allowing cool cistern water to stand in them half-an-hour. However there was a deal more *drug* in the cistern-water than in as much of Finke's 70 m.—the rain having absorbed carbonic acid in falling.

Does homœopathy need the dubious bolstering of jugglery. My three years experience says *no*, emphatically. I give Calcareia in defiance of the moon; and the moon, (sensible old female) needs not my challenge. I prescribe Nux without letting it run out its legendary "duration of action"; and yet Nux continues to win laurels for me.

Flowers grow in my garden and fade on my office table, in their season, and still I grasp my case with the firm grip of unshaken confidence, and go forth to succor the distressed,

oblivious of the dire portent of flowers. Even an unstop-ped bottle of Camphor finds favor in my unchristian eyes, and is greeted with a glance of friendly recognition, as a bed-side ally. And Camphor does not betray me.

In my opinion, a good subject for the next Homœopathic National Association, would be a consideration of the spiritual part of homœopathy, with reference to the feasibility of a plan of divorcing it from the mortal body of *Similia*; thus leaving the latter untrammelled, and free to work out a speedy and glorious salvation for itself.

Crawfordsville, Ind.

DR. H. W. TAYLOR.

REPLY TO THE ABOVE.

My dear Observer:—"The proof of the pudding is in the eating thereof." This is the only answer possible to give to the "moony theory of high potencies," which in fact is no theory at all, as we deal here with plain every day facts, and the question is only:—are these men who employ these high potencies in their daily practice, cheats and liars, or are they men whose words can be relied on, who do not fabricate cases, merely to hang a moony theory upon.

"Homœopathic medicines *refuse to act*, when brought in near proximity to allopathic drugs." Here, my friend, you have a moony theory, which I have never heard broached before. I acknowledge that I would not take any high potency from an allopathic drug store, because all sorts of perfumes are kept there for sale, but still cases enough are on record, where even high dilutions were kept negligently thrown about, where even tobacco and the beloved pipe were its near neighbor, and still, *when clearly indicated*, they acted promptly, although they laid *for years* among old rubbish. Thus also, this moony theory has to give way to facts.

Has Dr. H. W. Taylor never read in allopathic standard works of the influence of the moon in certain diseases, as helminthiasis, epilepsy, etc., and has his own observation never taught him, that many remedies are better, or rather that the patient responds better to the action of the remedy at certain

phases of the moon than at any other time. *You* may give Calcareæ in defiance of the moon and so does every physician who knows thoroughly this polychrest, and you *may* prescribe Nux θ every two hours, and nobody will doubt your word, that cures are made by such prescriptions, and still you might do better perhaps by awaiting the legendary "duration of action," the benefit of which is witnessed by those who give the single dose in a potency commensurate to the diseased state, and to the individuality of the patient.

Try, try again—try, try, again. Try it over, and over, and over, Dr. Taylor, till you have mastered the plain and simple facts of homœopathy. Have you ever read Hahnemann's Organon carefully and prayerfully? I know it is considered rather an old-fashioned book, but still it will pay you well to study it.

Before you again rail on those who are strict in their prescriptions—who study out every case thoroughly before they give their remedy, and who do believe in high potencies, because they will act as the simillimum of the corresponding diseased state—know first, that high potencies are a necessary sequence of *true* Homœopathy, but *it is not a principle*; and then I would ask you fairly and squarely, have you studied the principles of Homœopathy as laid down by Samuel Hahnemann, and if so, do you carry them out in your practice?

Far be it from my mind, to excuse those, who prescribe and mix different remedies of hap-hazard prescriptions, nor do I deny that physicians who use crude drugs and the usual adjuvantia, even subcutaneous injections of Morphine, et cetera, are not equally successful as their next-door neighbor; also if other schools, as they have done in years gone by, explain their treatment on a chemical theory, or by contraria contrariis, have we the minority of a minority, not the same right to abstain from all explanations, and to rely on but *naked facts* for our standing.

Call this the spiritual part of Homœopathy, or give it any other name, but dare you or any other man deny the facts

given by men of responsibility. Please do not allow the ghost of a high potency to keep you from applying the principles of homœopathy in your practice, nor allow yourself to become frightened by that witch of a millionth-potency, which I gave to a medical patient only three weeks ago, and who not only was cured by that single dose (in spite of your legendary duration of action) but who from the symptoms produced and cured, also recognized the remedy.

Homœopathy has no theory, it deals in *naked facts*. The selection of the remedy according to the principle of *similarity*, is the corner-stone—be sure you are right (no guesswork here) and then go ahead, and as you are willing to bet your roadster, so I bet my bobtail mare, that you will drift into the use of higher potencies, in spite of all YOUR *moony theories*.

S. L.

HAHNEMANN COLLEGE AND HOSPITAL OF CHICAGO.—The class this session is very much larger than that of last year—the number in attendance being about ninety. The course thus far, has given unusual satisfaction as every chair has been ably filled and fully illustrated. About thirty students are candidates for graduation. This college has resumed the Spring Course which was so popular, and the indications are that about fifty students will take out tickets for this course. The Winter Session closes February 11th, and the Spring Course commences March 11th continuing until May 20th. All the chairs will be represented, and the Clinics continued as usual.

PULTE COLLEGE, CINCINNATI.—The last time we were in the Queen City we dropped in and found Prof. Wilson lecturing to a very intelligent class. We are glad that the College prospers so well.

CLEVELAND HOSPITAL COLLEGE, is doing finely. The profession are now sustaining two good homœopathic Colleges in Ohio.

PHILADELPHIA HOMŒOPATHIC COLLEGE has its hosts of friends, and keeps up its well earned reputation.

NEW YORK HOMŒOPATHIC COLLEGE, with its superior clinical advantages keeps up its rates, and charges none too much.

BOSTON UNIVERSITY SCHOOL OF MEDICINE will open its Summer term on March 15th, 1875.

ST. LOUIS HOMŒOPATHIC COLLEGE must not be forgotten.

We expect to have full reports of all our Colleges for next number.

LETTERS TO A MEDICAL STUDENT.

NO. II.

My dear friend—You wrote to me as to the books you should read, and the manner in which you should read them, and I will now give you the ideas I have derived from twenty year's of experience and observation. In the first place, I would procure the unrivaled "Anatomy, Descriptive and Surgical," of the lamented Gray, and Dalton's "Treatise on Human Physiology"—fit companion for Gray's masterpiece. It is an undoubted fact that the English writers on Anatomy rank the American writers on that subject; the American writers on Physiology are far ahead of their English brethren. Erasmus Wilson is about equal to any American anatomist, and Gray far excels Wilson, but Flint, Dalton and Draper, form a phalanx of physiologists that England can never hope to equal. Carpenter has a great reputation, but his books are veritably dry as dust, and the best of them is inferior to the modest "hand-book" of his countryman, Kirkes. While then you go across the Atlantic for your text book on Anatomy, keep at home for the companion book on Physiology. The elaborate and exhaustive work of Flint is too encyclopedian for a beginner, and after carefully reading both Draper and Dalton, candidly say that I prefer the latter.

How will you read these books? Of course you will begin with Anatomy, the foundation of all true medical science, and I would remark that no man ever made himself an expert anatomist by the study of books. The thing is utterly impossible. Books are a mere guide in the first place, and in the second they serve as a useful means of refreshing our knowledge. Still, there are some students who cherish the idea, that by a close and diligent study of anatomical books they will become finished anatomists. I remember one such case. A student, naturally bright, but of defective elementary education, was reading with me, and, of course, he was confronted with Gray. He read fairly enough for some time, but became discouraged when he found that he did not retain what he read, so he commenced the gigantic task of committing Gray's master-piece to

memory. But he soon found that this task was beyond his powers, and, taught by experience, he awaited the time when the scalpel would be the teacher. Others, again, trust too much to the scalpel and too little to books. One splendid surgeon of my acquaintance—not a homœopath, I regret to say—knows anatomy thoroughly and minutely, but he does not know the names of the various vessels and nerves which he meets in the course of his very extensive practice. After all, the great thing is to know *things not names*; but it is as well to be able to attach the *name* to the *thing*. I remember another amusing instance of this realism in anatomy, and I tell this story with the less reserve, seeing that the actor in the little comedy has long since passed from the medical stage. A young practitioner was appointed Professor of Anatomy in one of our minor schools, and elated by his elevation he confided to me his determination to get up his lectures from the cadaver *not* from books. I, of course, listened with a grave face, and quietly remarked that though extensive dissection was indispensable, books were not to be despised, containing as they do the wisdom of our predecessors and contemporaries. “No! others may copy their lectures, mine will be original.” Some few months after I chanced to visit the newly fledged Professor, and on knocking at his office door, was told to come in. I did so, and found the learned pundit getting up his original lectures by comparing good old Erasmus Wilson with the inevitable Gray.

I would advise you then to read Gray’s work *precisely as you would read any other book*. Read it carefully of course, but do not expect to retain very much of what you read, at least of your first reading of such a voluminous book on a subject new to you. Read through a second time, and you will begin to find your way with more ease, precisely as a man learns more of a strange city during a second visit than during the first. Begin with the bones, of course, and, if possible, compare the description in the book with the actual bone. Study each bone separately, and then its relation to other bones, and don’t omit to break a bone and study its minute structure. One of the most fruitful dissections I ever made was on the thigh bone of an ox, studying the periosteum, marrow, and minute

structure with the aid of a magnifying glass. Having fairly mastered osteology go on to syndesmology, a much neglected branch of anatomy, yet perfectly indispensable if you wish to be a surgeon at all. Study carefully in the book, and then dissect the knee-joint of a cow, which is curiously similar to the knee of a man, and especially note the action of the joint and its relation to the muscles. In this manner go through the book, dwelling especially on the parts which are of practical use to the physician and surgeon, and dissecting at every opportunity. Dissect the eye and brain of a sheep, the heart and lungs of an ox, and you will learn a certain amount of anatomy in addition to acquiring dexterity in the use of the knife.

Having finished Gray, begin Dalton and read it carefully through, and having taken a kind of bird's eye view in this manner, you will be the better prepared to profit by a still more careful second reading. Read anatomy with your physiology, thus associating structure with function. If you devote almost all your time to anatomy and physiology, you will be better prepared for college duties than if you hurried over the whole circle of medical science, as too many ill-advised students do. You may compare medicine to a building having anatomy, physiology and chemistry as its foundations, and if you do not lay these foundations deep and broad, you need never hope to attain to eminence in the grandest of all secular callings. If you really master these foundation studies, your future progress will be assured and certain, and you will not be perpetually obliged to turn to books of reference when engaged in the active duties of your vocation. I once asked an old Scottish practitioner, who late in life abandoned the creed of his youth and adopted our therapeutic law, how it came that his anatomy was so accurate and vivid, though almost two score of years had elapsed since graduation, and he replied, "*because it was burned into us.*" Well, burn it into the tablets of the memory, assured that there can be no real science, no true progress without a thorough knowledge of anatomy and physiology.

I am quite aware that there are those who will scout at these ideas, and tell you to stick to *Materia Medica* and *Therapeutics* as

the sum and substance of medical lore. Such an one, remember, embodied his doctrines in a jingling rhyme, as follows :

“If a man knows *Materia Medica* thoroughly,
He knows how to treat all disease ;
As for *Anatomy, Physiology, and all that bothery,*
He may let them alone if he please.”

So the gay youth sang in his student days ; but his tune changed when the stern realities of life broke on him. To secure a lucrative position he had to pass an examination—and a stiff one at that—including “*Anatomy, Physiology, and all that bothery,*” but he failed to pass, and his whole professional future was darkened by the failure. Still another, I remember, who held the same ideas, and his anatomy was so very much confused that he maintained, and really believed, that the liver and stomach lay above the diaphragm, along side the heart and lungs.

It is not difficult, I think, to understand how these monstrous ideas gained a lodgment in our ranks. During the early years of homœopathy on this continent, many laymen read homœopathic books, and practised as much as they could, and in the course of time many of these men styled themselves ‘Doctor,’ and embarked all their means and all their energies in the cause, and by dint of study and experience quite a number of them attained a respectable knowledge of medicine. But for the want of anatomical knowledge they were weak at bottom, and just because they had not a knowledge of anatomy and physiology they derided these studies, and endeavored to make out that a knowledge of them could be dispensed with by the physicians of our school. But an enlightened public opinion, and the progress of professional education among us, have all but stamped out this heresy, and you may rest assured that our safety and success as a school lie in our adherence to homœopathy, combined with a most thorough and exhaustive knowledge of the fundamental medical studies. Remember that you are not a homœopath, or an homœopathist, still less are you an homœopathician, but a physician practicing according to the homœopathic law.

Yours truly,

PORTELANCE.

HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY OF NEW YORK CITY. The "*New York Evening Mail*" of Dec. 31st says:

"The attention of our readers is called to the annual statement of the Homœopathic Mutual Life Insurance Company, which again appears so promptly as to be even a little ahead of time. This report shows vigor and economy worthy of all praise, while its mortuary experience is a remarkable vindication of the medical idea upon which it is based."

This is in the highest degree commendatory but not any more that the company merits.

SEPARATE ADDRESSES.—A subscriber wishes to know if he takes several copies of *Observer* at \$2 each can he have them sent to different addresses. We reply—yes. We will with pleasure send to as many addresses as may be desired.

TWO DOLLARS does not pay for a single copy of this *Journal* for one year to any except Medical Students, but any subscriber can get his copy for two dollars by sending two dollars also for a *new* subscriber. We publish a larger number of pages for \$2.50 than some of the \$3.00 *Journals*, and if the quality is considered as good, and we also *prepay postage*, who can ask for any further reduction?

WILD FLOWERS IN DETROIT.—Mr. Hubbard says, that a botanical friend thinks that he has given the time of the first appearance of wild flowers in Detroit, (see page 85) too late by a fortnight.

MICHIGAN HOMŒOPATHIC INSTITUTE.

There was a meeting of this organization in the Council room, Lansing, January 2d, 10 practicing physicians being present. The reports of the Secretary and Treasurer were received and accepted. They were occupied with details of no interest except to members of the society.

The trustees of the Detroit Homœopathic College submitted a report stating that there are 74 students in daily attendance upon the lectures, that the college is full and complete in its various departments, with an able corps of professors, and asking the further countenance and support of the Institute.

The committee appointed to see what measures are necessary to have a homœopathic physician on the State Board of Health, report that it is not advisable to make any effort in that direction at present session. Concurred in.

A resolution was adopted expelling Dr. E. D. Burr from the society, and recommending him to the mercy of the courts, and especially to those in control of the Insane Asylum at Kalamazoo.

Considerable discussion was had upon the action that should be taken in reference to homœopathy in the University. The feeling was generally opposed to any further attempt to get one or two professors into the University, and in favor of endeavoring to secure State aid for a separate homœopathic college, established on the competitive plan. At the close of the discussion Drs. Ball, W. M. Bailey and Hyde were appointed a committee to attend the meeting of the State Homœopathic Society, and see if united action cannot be had by the two societies upon this subject.

An election of officers was then had, and the Institute adjourned.

WAIT NO LONGER.—A subscriber writes : “ I have delayed remitting for three reasons : 1. I do not like to risk money by mail. 2. The expense of registered letter. 3. The trouble of getting P. O. money order. But the receipt of your last number induced me to *wait no longer*.”—We have a large number of subscribers who probably have delayed remittances for like reasons. Money is not easy for doctors to collect, but if they will remember that the amount owed by any one subscriber is very small, but in the aggregate these dues are a large sum, they would do as our friend above referred to—“*wait no longer*.”

TWELVE.—We are publishing this Journal for the *twelfth* year, with the assistance of a corps of *twelve* editors, and as *twelve* is representative of perfection this will be our *aim*. Perhaps we shall reach higher than we should if we aimed lower. True men of all views should work together in the things in which they agree, and our corps is a good practical illustration of this principle, inasmuch as it represents religious views as diverse as Romanism and Judaism, Rationalism and the devout worship of the Nazarene as Immanuel.

NEW REMEDIES—*Third Edition*.—By resorting sheets that were left, etc., we have succeeded in making up for the bookbinder half-a-dozen copies of this work. These will be bound in half-morocco, cloth sides and mailed *postage free* on receipt of five dollars for each copy, by Post Office money order.

DETROIT MORTALITY FOR 1874.—Jan. 152 ; Feb. 127 ; March 192 ; April 211 ; May 187 ; June 172 ; July 263 ; Aug. 291 ; Sept. 241 ; Oct. 206 ; Nov. 162 ; Dec. 182. Total for the year, 2386.

Population 100,000.

DETROIT, JANUARY, 1875—*Prevailing Diseases*.—Neuralgia, Lung and Bronchial affections, Influenza, Diphtheria.

THE FIRST JAPANESE M. D.—Susum Sato, says the *London Med. Rec.* son to the private physician of the Mikado of Japan, has lately received his M. D. degree at the University of Berlin. Our Japanese *confrere* passed a very creditable examination, read a dissertation on diarrhoea in young children, and sustained his various theses with great ability, and in very good German. He then addressed the usual application in Latin to the authorities for his doctor's degree, which was duly conferred on him after some compliments from the Dean on the circumstance of his being the first of his countrymen admitted to this distinction.

ERRATA.—Page 88, for “statistic's” read statistics.

“ 110, for “hernias,” read herniæ.

“ 113, for “areolar,” read areolar tissue.

Reviews, Book Notices, etc.

THE GRANGE; a Study in the Science of Society. G. P. Putnam & Sons, 4th Ave. and 23d Sts, N. Y. Lodge's Pharmacy, 57 and 59 Wayne St., Detroit. Price, \$1.25.

There is more original matter in this little anonymous volume than can be easily reviewed or described in a brief article. It deals with the life and death of society. And the boldness and freedom of its author, combined with the science of his method, and the grave importance of his theme, indicate that he is an M. D. of the advanced school, and not unfamiliar with the scalpel. The book is ahead of the popular sentiment of the age, and will have its enemies as well as its friends. To the partizan politician it gives no quarter. It admits that his existence and activities were legitimate in days past, but his time is up. Party organization (dual organization the author terms it) never could handle anything but questions in dispute. Important disputable questions have disappeared from the arena of American politics, in all probability never to return. Yet the dual organization continues to exist—to exist for its own sake, without legitimate vocation, with nothing to contend about but the spoils of office—continues to exist by praying upon the vitals of the civil State, and by absorbing within itself all the political activities of the Republic, and one or the other, either the dual organization or the civil state, must perish.

But is there such a thing as politics that is not party politics? Is such a thing possible as political organization that is not party organization? The philosophical answer is certainly an affirmative to both of these enquiries.

The political principles which are not and never can be partizan (because no party can be formed to oppose them), are the great

demonstrated and indisputable but now imperiled prerequisites of the public welfare ; such as purity of elections, official integrity, non-venal legislation, and accessible and unpurchasable justice. These great essentials of a Republic's welfare, ever undisputed and ever silently warred against, have not and never have had a shred of organic support in the politics of the American Republic. Friends of these principles there are, strong and many, and almost everywhere present in their individual capacity ; but utterly unorganized. And, by virtue of their unorganized condition, oversloughed and neutralized in their influence, and defeated in their efforts by the audacious villains than man, a dual organism that has outlasted its usefulness, and is without vocation, other than to battle for spoils under false and ever changing pretences.

What is the political organization that is not a party organization? This writer names it the Grange, and says it has sprung into spontaneous, half-concealed, half-unconscious existence among the Patrons of Husbandry. They say they are not a political body. Their exact meaning doubtless is, that they are not a partizan body ; and this is gloriously true. It is also true that the dual politicians are terribly afraid of the Patrons of Husbandry—they fear them ten times as much as they fear the judgment of the great day—and so also do the millionairing speculators and financial aristocrats, East and West ; and they are all at present engaged in a desperately earnest effort to whistle grangers down. And right here, in the midst of all this whistling, comes this American Gracchus and presents us in a book of 220 pages with the whole philosophy of the case, profoundly argued and explicitly stated, although in somewhat clipped and crowded style, and running back in many of its arguments into a back-lieing system of social philosophy, which this book does not entirely contain.

Only a mind of some previous training can appreciate or comprehend the force and learning of all this writer's arguments. A large part of his volume is occupied in bringing out what is naturally essential to purely Republican order ; as the non dual organization in the political arena must illustrate in its purity the type of social organization to which the civil state belongs. The present Ameri-

can Republic, though the purest and most complete of its kind which the world has ever yet seen, he holds to be only a transitional structure; such as would naturally come into existence midway between the two great eras of human civilization—the era of monarchy now just on the eve of disappearing, and the non-monarchical era, now just shedding on us its penumbral light.

The medical practitioner, or other person of culture, who has time and a taste for some philosophical research into the requisites of our Republican welfare, will find himself behind the position he might otherwise occupy, if he fails to become acquainted with what this author presents on that subject. The non-partizan, political sentiment of the country—the men who would with perfect willingness pledge themselves to maintain all the ascertained requisites of the public welfare, would be approximately omnipotent if once properly organized—organized in the form that admits of neither the internal or external exercise of dictating authority.

The British so-called scientists (the latter include an astonishingly large proportion of the book and periodical publishers, whose vocation for the most part is to feed the American mind on an everlasting re-print and re-hash of old almanacs,) will be likely to feel themselves particularly disobliged by this bluff American, who ignores the petty tediousness of their materialistic methods, takes up human society as an organic unit, analyzed by its structure and laws of growth, finds no recent or extant phenomena not sequent on preceding conditions, tells us that when the diversities between the monarchical on non-monarchical types of organic society shall have been explained, the science of society will have approximated its complete development, and then sets himself successfully about the original task of explaining those diversities.

We would not accuse any of designs to plagiarize. But we have known a work like this, replete with strong original thought on practical topics, to be quietly ignored by the Press, and then drawn upon without acknowledgment for the year together by literary hacks, hired and harnessed to the steam press for pecuniary purposes.

A GRANGER M. D.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA: a Record of the Positive Effect of Drugs upon the Healthy Human Organism. Boericke & Tafel, New York and Philadelphia.

This is the first volume of the elaborate work of Timothy F. Allen, A. M., M. D., which is to embrace the extensive collations under his own editorial supervision, and contributions from Dr. Richard Hughes of England, Dr. C. Hering of Philadelphia, Dr. Carroll Dunham of New York, Dr. Ad. Lippe, and others.

This volume contains 622 large octavo pages, strongly and neatly bound with gilt edges upper side. Such a mode of issuing books is highly creditable to the publishers. They designed issuing this work in parts, somewhat as Mr. Radde sent out the *Symptomen Codex*, we suggested the plan of sending out in neatly bound volumes instead of parts, and are satisfied the profession will be much better pleased.

This volume includes 107 remedies—*Abies to Atropin*. The question will be asked if Vol. I is taken up with the first letter of the alphabet how many will the whole work comprise, and what will be the cost! We reply that the cost of the present volume is not worth mentioning in comparison with its every-day value to any studious physician. The succeeding volumes will doubtless be of equal merit, and we hope that Dr. A. will not be induced to make any abridgment in the volumes to come. We have M. D.'s who will fully appreciate his labors, and pay promptly for the books as issued.

The typography is excellent. As a matter of taste, we might object to the tautology involved in making the head lines on pp. 4, 47, 126, 133, 138 and others, the same as the articles upon those pages. If *Materia Medica* had been substituted it would have been preferable.

A fair idea of the Editor's plan will be gathered from the following extract from his Introduction:—

"The study of the positive effects of drugs upon the healthy human organism is now universally acknowledged to be the duty of every student of medicine. To supply a complete and accurate record of these effects (pathological anatomy excepted), is the aim of this work. These symptoms are recorded as facts, which, while the interpretation of their physiological action is as sure to change as physiology is to advance, will ever remain the same, and be re-read and re-interpreted with increasing clearness and satisfaction.

PREPARATION.—The sources from which this compilation has been made are three.

First. Experiments made upon healthy individuals for the purpose of noting the effects of the drug.

Second. Effects observed after poisonous doses (accidentally or maliciously administered.)

Third. Symptoms (cautiously admitted) observed in the sick after the administration of the drug.

To these must be added a VERY FEW symptoms which have never been observed as effects of drug-action, but which have been so repeatedly verified clinically, that they clearly indicate the remedy ; these are designated by a small cipher after the symptom.

A large amount of literature has been searched that the work might be complete and reliable. Original sources have been obtained and transcribed or translated. The authorities quoted by Hahnemann (whose original publication he was, in many instances, unable to obtain,) have been referred to by DR. HUGHES, of England, the circumstances under which the effects were noticed, furnished us, and, when necessary, corrections made."

TEXT-BOOK OF MODERN MEDICINE AND SURGERY: on Homœopathic Principles. By E. Harris Ruddock, London, England.

This splendid volume of 1025 octavo pages is, altogether, the most complete text-book for the use of the layman, student, and physician, which has ever been published for our School, Next to Bæhr, it is the best work on Practice, but its value is not confined to this department alone.

A glance at its contents will convince any one that it is a most comprehensive affair. Chapter I, on Hygiene, differs so much from ordinary chapters on that subject, that we especially commend it. It does not follow the beaten track of time-worn recommendations, but is fully up to the most advanced discoveries in Hygiene. The references to bread, tea, coffee, cooking, water, air, sunlight, exercise, clothing, bathing, etc., are replete with original remarks such as we have never seen in any domestic or professional work of its character.

It is the "little things" which the layman and student want to know, not the broad generalities with which most authors deal in. Dr. Ruddock points out clearly and minutely all the smaller points relating to such subjects, and this, we assert is what makes the work so valuable.

Chapter II., on the Signs and Symptoms of Disease, is far better than similar chapters in more pretentious works.

We especially commend his chapter on the Accessories in the Treatment of Disease. The majority of students go out into practice with very nebulous ideas relative to the importance of these accessories, and they finally learn nearly all of them from old women and nurses. Dr. Ruddock gives plain and brief directions as to when and where they are needed, and in what they should consist, when used as adjuncts to Homœopathic treatment.

In his arrangement of Diseases, he follows the New Nomenclature, which is much superior to the old.

He recommends 116 remedies, with casual mention of several more. The Materia Medica which he has added contains the characteristic symptoms and indications for the most prominent old and *new* medicines, and is quite complete in itself.

The Clinical Directory (which is a Glossary as well) is a valuable addition to the work. It is not as complete as it should be, but is quite as voluminous as the demands of the student requires.

If we had had such a work fifteen years ago, Homœopathy would have profited immensely by it. To nine-tenths of old physicians of large and long practice, it will prove an excellent guide and assistance in the treatment of disease.

E. M. H.

UNITED STATES MAP, for 25 cents—A useful invention :

Lloyd, who made all the maps for Gen. Grant and the Union army, has just invented a way of getting a relief plate from steel so as to print Lloyd's Map of American Continent—showing from ocean to ocean—on one entire sheet of bank note paper, 40x50 inches large, on a lightning press, and colored, sized and varnished for the wall so as to stand washing. This map shows the whole United States and Territories in a group, from surveys to 1875, with a million places on it, such as towns, cities, villages, mountains, lakes, rivers, streams, gold mines, railway stations, &c. Send 25 cents to the Lloyd Map Company, Philadelphia, and you will get a copy by return mail.

LITTELL'S LIVING AGE :

The second weekly number of the new volume of *The Living Age*, bearing date January 9th, contains an important article by Prof. Huxley, on the "Hypothesis that Animals are Automata, and its History," from the *Fortnightly Review*. It is a valuable number, and the present is a good time to subscribe, beginning with the new year. *Littell & Gay*, Boston, (Mass.) Publishers.

DR. GUTHRIE'S WORKS. Robt. Carter & Bros., N. York, 1875.

These consist of : Man and the Gospel, and Our Father's Business -- Studies of Character ; Speaking to the Heart ; Out of Harness ; The City and Ragged Schools ; The Gospel in Ezekiel ; The Saint's Inheritance ; The Way to Life ; On the Parables. In all 9 Vols. Sold separately at \$1.50 each, or in 9 vols., uniform binding, at \$13.50. Dr. Guthrie's writings are characterised by pleasant illustrations, forcible arguments, and direct applications.

PHILOSOPHY OF THE PLAN OF SALVATION: by James B Walker, D.D., Chicago. Griggs & Co.

The fact that 20,000 copies of this work have been sold in this country alone is proof of its popularity. The present edition contains a supplementary chapter by the author which adds to its value. It is well that this valuable book is printed on a fine quality of heavy tinted paper.

THOUGHT HIVES. By Theodore L. Cuyler. New York, Robt. Carter & Bros., 1874.

Mr. Cuyler's writings are always refreshing, and this book is one of his best. It is made up of some brief but complete articles, and much more readable than the common thought-books, which are mere collections of detached links.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

REPETITION OF THE DOSE.

The repetition, no less than the volume of the dose, is a subject upon which great differences of opinion still exist among homœopathists. Some administer the medicine in a single dose, generally of a low attenuation, and if no perceptible benefit is found to result, they fly immediately to some analogous remedy, or alternate it with others of a supplementary, or supposed *corroborative* character, as though a curative effect were to be obtained by a *direct* action of the medicine. But no principle of our practice is better established, than that cures, properly so called, are never effected by the direct action of medicines, *but by the reaction of the vital force excited by them.* (HAHNEMANN, ORG., §§ 63, 64, 68.) Hence, experience shows that, although a single dose of a well-selected remedy is often sufficient to produce a healthy reaction, and thus *start a cure*, which, if not interrupted by injudicious interference, mental impressions, or errors of diet, will go on to completion; yet, if the disease be severe, so that reaction of the vital force is not easily excited, a repetition of doses, at longer or shorter intervals, according to the urgency of the case, the nature of the affection, and the age, constitution and temperament of the patient, is necessary in order to produce a salutary effect. The greatest caution, however, needs to be observed in the repetition of the dose, as well on the one hand to avoid aggravations resulting from excessive reaction, as on the other to promote it by a steady pathogenetic influence of the vital power, to the extent of a complete subdual of the morbid symptoms. Nor should we fail to remember, that a too sudden, or a too violent assault on the vital power, even to the point of successful reaction, is often attended by unpleasant effects, especially if low attenuations are employed, so as in a great measure to frustrate the end in view. When, therefore, the vital power rises in opposition to the action of the remedy, especially when new symp-

toms, and not simply aggravations of the old ones, are developed, we must allow sufficient time for the excitement to subside, and then, if a healthy reaction has taken place, the salutary effect should be allowed to continue uninterrupted to its close ; if not, it should be steadily but gently stimulated by such repetition of the remedy as may be found necessary to accomplish it.* Of course, the frequency of such repetitions will necessarily depend, as before stated, upon the nature of the disease, the urgency of the case, and the age, constitution, temperament and general condition of the patient.

As a general rule, we have obtained the best results by dissolving twenty or thirty globules of the thirtieth potency in half a tumbler of water, stirring it well, and giving a teaspoonful of the solution every hour, or oftener, in acute cases, and once or twice a day in chronic cases. If aggravations occur, either natural or pathogenetic, the medicine should be omitted until they subside, or until it is seen what effect, if any, the omission has upon the symptoms, when, if a curative action has been fully developed, the medicine already given may be found to suffice ; if not, it should be repeated, agreeably to the rules and principles already suggested. If the disease be a violent one, such as croup or cholera, the medicine should be administered every five, ten or fifteen minutes, according to the urgency of the case. In all instances, whenever an amelioration of the symptoms takes place, the administration of the medicine should be suspended ; but should they recur, or convalescence cease, the same medicine should be immediately resumed, or another appropriate one given. Should the salutary effects of the remedy be interfered with, or suspended, in consequence of errors of diet, cold, or other causes, measures should be adopted to counteract the supposed cause of the interference, and as soon as the interruption ceases, the original medicine should be at once resumed, and the disease guided to a favorable issue agreeably to the principles already explained.

ALTERNATION OF MEDICINES.

Owing to the great diversity of morbid conditions, and the comparatively limited number of single remedies in every respect homœopathic to them, it often becomes advisable, especially in

* JAHR, *Snelling's Hull's*, to which work we are under great and frequent obligation.

acute cases, to give two, and sometimes three medicines, in alternation, whenever necessary to cover the characteristic symptoms of the disease. In this way, for instance, in *Croup*, we sometimes find it expedient to give *Aconite*, *Hepar sulph.* and *Spongia* in rapid succession, or alternation; or, after *Aconite*, the two latter in alternation; or we may have occasion to give *Phosphorus* and *Bromine*, in the same manner, according as the particular forms and stages of the disease seem to require. In the same manner, also, in *Erysipelas*, we give *Aconite* and *Belladonna*, or *Belladonna* and *Rhus*, or *Rhus* and *Phosphorus*, according to the various forms and stages of the disease.

Whenever in acute cases it becomes necessary or expedient to use two or more medicines in alternation, great care should be taken to observe the effect of each remedy upon the symptoms, and one or the other of them should be withdrawn, or another more appropriate one substituted, as occasion may require. At the same time, equal care should be taken not to make such changes unnecessarily, or too frequently, bearing in mind the fact, that the production of new symptoms, when properly belonging to the disease, or the aggravation of old ones, are good signs, and only require that the medicine should be withheld, or given less frequently, to produce the most favorable results.

Some practitioners are opposed to the alternation of remedies, particularly in chronic cases, but in our opinion without good reason. When the medicines selected are truly homœopathic to the symptoms—and of course no others should ever be used—we are confident that we have in this way often been able to abridge the treatment several weeks, and even months. Thus, in a case of *Chronic Diarrhœa* of over eight months standing, attended by *painful palpitations of the heart*, and which had long resisted single remedies, however judiciously administered, we prescribed *Petroleum* and *Crocus sat.* alternately once a day—*Petr.* for the diarrhœa, and *Croc.* for the *painful palpitations*—and within a week the diarrhœa and the palpitations both ceased, and there was no return of either. In this case *China*, *Ferrum*, *Calc. c.*, *Petr. Phos.*, *Sulph.*, and a dozen other remedies had been tried singly in vain.

Another patient, a merchant, had been afflicted for more than

three years with non-syphilitic ulcers, boils and carbuncles, associated with more or less muscular rheumatism, affecting sometimes one part of the body, and sometimes another. For this combination of symptoms we prescribed *Silicea* and *Bryonia*, in alternation, once a day, for about a week, when the rheumatism being relieved, we withdrew *Bryonia*, but continued the *Silicea*, until the ulcers showed signs of amendment, when we withdrew the medicine altogether. In the course of a few weeks the ulcerations were entirely healed; but shortly afterwards the rheumatic pains returned with greater violence than at first. We then gave a single dose of *Bryonia* 30, and rested the case. In a short time the rheumatism disappeared, and the patient's health was fully restored.

We desire particularly to caution the prescriber against changing the medicine in chronic cases on the first appearance of aggravations, even when they seem to demand it, as should always be done in acute diseases, for such aggravations are much more apt to occur in chronic cases, especially when medicines are alternated; but if the medicines given are homœopathic to the principal symptoms, the aggravations will shortly subside, so soon as the vital force has become paramount to the disease. All that is necessary in such cases is, to diminish the frequency of the doses until the curative action is fully established.

DURATION OF THE ACTION OF MEDICINES.

Every medicine has a peculiar effect on the living organism, as well with respect to its period of action, as to the medicinal symptoms it is capable of producing. As a general rule, the duration of action of vegetable remedies is much shorter than that of mineral medicines, the former generally lasting only a few hours or days, whilst the latter frequently continues many months, and even years. Thus, the action of *Aconite* is sometimes limited to a period not exceeding half an hour, while, on the other hand, the effects of *Mercury* on the system often extend through months and years, and even through life.

Observation also establishes the fact, that the pathogenetic effects of medicines are subject to precisely the same laws of periodicity that control diseased action. This gives rise to what are called *secondary* symptoms, in which the primary effect of the medicine is frequently followed by one of an exactly opposite character. It also

produces those medicinal aggravations which are frequently mistaken for the exacerbation of natural disease. These aggravations are generally found to recur, in most chronic affections, every seven or eight days, being more marked on each alternate day or week, until, after the lapse of six or eight weeks, they commonly subside altogether. Hence it becomes necessary in many chronic affections, especially when medicinal exacerbations occur, not to repeat the remedy oftener than once a week, and sometimes not oftener than once in two or three, or even once in six or eight weeks, in order not to interfere with the healthy reaction of the vital force. In fact the same, rule applies in chronic cases of this character, as in those which are acute, with this difference, that we measure the interval between the doses in the former by *weeks* instead of *hours or days*, the period which is found to govern the medicinal aggravations determining the repetition of the dose in all cases.

We have hitherto regarded the medicine employed as having been rightly selected ; but if otherwise, one of two things will follow ; either the medicine will have no perceptible effect whatever upon the disease, or it will give rise to symptoms which, not being similar to those of the disease, will only add to the discomfort of the patient, and if long-continued will greatly aggravate the case. In either event, the medicine should be immediately replaced by one whose mode of action corresponds more accurately to the *ensemble* of the malady, and which will at the same time cover the principal symptoms produced by the remedy just omitted. The safest and most practical rule to follow in these cases is, to watch attentively the moral condition and general aspect of the patient, and if amelioration takes place in these particulars, to await the further action of the medicine ; if not, the state of the patient becoming progressively worse and worse in these respects, no time should be lost in seeking a more appropriate remedy.* Care should be taken, however, not to reject a remedy which has been carefully chosen, whatever may be the momentary or occasional character of the aggravations depending upon it, until sufficient time has elapsed to observe the alternations of good and bad symptoms, which, as before stated, should be at least seven or eight days in chronic cases, and from five to fifteen or thirty minutes in those which are acute. This rule should be followed in every case in which aggravations or secondary symptoms are observed ; in every other we should follow the general directions already laid down under the head of “repetition of dose.”

* JAHR.

OF DISEASE.

<div> <div> <div>Attendant Circumstances.</div> <div>d.</div> </div> </div>	<div> <div>Aggravation.</div> <div> <div>Time</div> <div> <div>Morning.</div> <div>Evening.</div> <div>Night.</div> </div> </div> </div>	<div> <div>Position</div> <div> <div>Erect.</div> <div>Recumbent</div> </div> </div>	<div> <div>Motion</div> <div> <div>Slow.</div> <div>Rapid.</div> </div> </div>	<div>Rest, Diet, etc.</div>	<div> <div> <div>Examples of Characteristic Symptoms.</div> <div>e.</div> </div> </div>	<div> <div> <div>Congestion,</div> <div>Bell.</div> </div> </div>	<div> <div> <div>Fever,</div> <div>Aconite.</div> </div> </div>	<div> <div> <div>Pleuritic Pain,</div> <div>Bryonia.</div> </div> </div>	<div> <div> <div>Emesis,</div> <div>Ipecac.</div> </div> </div>	<div> <div> <div>Cephalalgia,</div> <div>Glonoine.</div> </div> </div>	<div> <div> <div>Cardialgia,</div> <div>Nux Vom.</div> </div> </div>	<div> <div> <div>Vesic. Erys.,</div> <div>Rhus Tox.</div> </div> </div>	<div> <div> <div>Psoric Erup.,</div> <div>Sulph.</div> </div> </div>	<div> <div> <div>Algidity,</div> <div>Arsen.</div> </div> </div>	<div> <div> <div>Delirium,</div> <div>Hyoscy.</div> </div> </div>	<div> <div> <div>Tremor,</div> <div>Arnica.</div> </div> </div>	<div> <div> <div>Anæsthesia,</div> <div>Carbo veg.</div> </div> </div>	<div> <div> <div>Specific.—ACON.</div> <div>HEALTH.</div> </div> </div>									
																			<div> <div>Amelior.</div> <div> <div>Conditions</div> <div> <div>same as above and</div> <div>very numerous.</div> <div>See</div> <div>Mat. Med.</div> </div> </div> </div>	<div> <div>Right Side,</div> <div>Bell.</div> </div>	<div> <div>Left Side,</div> <div>Acon.</div> </div>	<div> <div>Morning,</div> <div>Nux.</div> </div>	<div> <div>Evening,</div> <div>Puls.</div> </div>	<div> <div>Day,</div> <div>Calad.</div> </div>	<div> <div>Night,</div> <div>Sulph.</div> </div>	<div> <div>Motion,</div> <div>Bryonia.</div> </div>	<div> <div>Rest,</div> <div>Rhus tox.</div> </div>

HEALTH.
Specific.—ACON.

SELECTION OF REMEDIES.

We have purposely delayed considering the various circumstances connected with the proper selection of remedies, until we had discussed the different questions connected with their action, in order that the relations which they severally sustain to each other might be more readily traced and comprehended. For, in order to be able to select the most appropriate remedy in any given case, it is not only necessary to be well acquainted with the pathogenesis of the several medicines, but, as already stated, to keep in view the totality of the symptoms, as well as the exciting cause, and other modifying circumstances. Hence, although much, and sometimes everything, depends upon the *homœopathicity of the remedy*, that is to say, the similarity of its symptoms to those of the disease, it is no less important to ascertain the immediate exciting cause of the malady, and to keep in view the constitution, age, sex, disposition and temperament of the patient; and also the state of the principal bodily functions, such as the respiration and circulation, appetite and thirst, sleep, catamenia, stool and urine. In order to obtain a comprehensive view of the whole circle of indications referred to, we will present them in tabular form, with illustrative examples under each head. It is scarcely necessary to remark, by way of explanation, that in these instances the examples cited in the table sustain no relation to the other conditions with which they are associated, but simply to the particular symptom or condition under which they are respectively placed; that is to say, the selection in this instance not having been made with any reference to the *general* pathogenesis of the several remedies mentioned—as would need to be the case in actual disease—are simply illustrative of the particular indications with which they stand connected in the tables.

A careful inspection of the foregoing table, will show that some of the indications embraced in it should have a much greater influence on the selection of the remedy than others. Thus, *age*, by itself, is no criterion for the selection of a remedy, being subordinate to every other indication, and is only to be taken into consideration when the other symptoms correspond. On the other hand, the *constitutional condition*, as a general rule, is, next to the exciting cause

of the greatest importance, and often exercises a controlling influence upon the selection. Of course, the practitioner is not to lose sight of the fact, that the medicine must in all cases be homœopathic to the characteristic symptoms of the disease; but when these are few in number, or not well pronounced, or when the auxiliary symptoms are the most prominent, then the selection is made to depend to a great extent, and sometimes entirely, upon the latter. Thus, for example, a patient is attacked with symptoms suggestive of incipient phthisis, such as a slight hacking cough, occasional slight pains in the chest, scanty expectoration of saltish mucus, and suppression of the menses. Here, *Pulsatilla*, by restoring the catamenia, will probably effect a cure; and is preferable to *Phosphorus*, which, were it not for the suppression of the menses, (which in this case is probably the exciting cause of the whole difficulty,) would be the most appropriate. Indeed, it may be laid down as a general rule, that the sexual sphere exerts a controlling influence in nearly all the diseases of females, and should therefore never be lost sight of in their treatment. In these cases, it is true, the selection is made to depend upon a mere function, but it is one the derangement of which frequently makes a profound impression upon the system, giving rise to many secondary symptoms, and is therefore entitled to the highest consideration.

ANTENATAL ERUPTION OF THE TEETH.—Dr. Curtin gives an account in the *Clinic* of November 21, of a case of this description. According to his account, the child, which was normally constituted otherwise, had nine perfect teeth when born. He goes on to say that the child was first visited by him when it was four weeks old (January 24, 1874), in company with Dr. James S. Myers, who had seen it previously, and very soon after its birth. They found an emaciated male infant, evidently suffering from marasmus and near its death, having five teeth in place and four distinct conical fleshy papillæ, from which a corresponding number of teeth, two incisors and two molars, had already been removed. These teeth loosened of their own accord, and not from the pressure of others from beneath. In addition to these, a number of small whitish nodules could be seen and felt along the line of the gums, above and below, lying underneath the mucous membrane, and evidently marking the place of all the other deciduous teeth. No change took place in these up to the time of the child's death, which occurred at the sixth week.

19—March, 1875.

UPON THE MEDICINAL PROPERTIES OF SILICA
IN CANCER, FIBROID TUMORS, AND DIABETES.

BY R. FAWCETT BATTYE, M.R.C.P.ED., &c.*

Under this title and authorship there appears an article in the *Edinburgh Med. Jour.* for last November which has many interesting peculiarities. It seems that in presenting a medicinal agent which, "so far as the writer knows, is entirely new," he felt himself under an obligation to explain how he came by it—in other words, to give an account of himself; and under the circumstances we must say that it was a very proper feeling. He tells us in the first place how he obtained possession of over three pounds of powdered flint reduced to a fineness exceeding that of flour, by the means of a patent, "which, however, proved a failure commercially."

Having in this not very explicit manner got hold of a large supply of the mineral, his difficulties are not half over. He goes on to say, "Would that I could as simply state how I arrived at the conclusion that flint introduced into the circulation would produce some beneficial end, as how I obtained flint in a suitable condition for administration!"

Would, indeed, that he could as simply and satisfactorily state to the readers of that allopathic journal how he came to discover for himself a medicine that had been in general use by the homœopathic body any time these thirty years.—Would that he could explain the necessity and mode of finely triturating his Silica after our method; would that he could give a reason for administering but one grain of Silica twice a day; and finally, would that he could point out the indications that led him to the use of this agent in the above diseases!

But the author does not rest content with this expression of his solicitude, for he makes an attempt to satisfy his readers, but certainly in the most extraordinary manner. Undaunted by the difficulty of his task he sets to work, and after a pretty wide survey of earth, air, and ocean, arrives at the conviction "that nitrogen gas is a compound of Silica and hydrogen."

There is nothing very startling in this, but granting its truth we do not see that it helps our therapeutics much. Indeed, our author admits that it is not worth while troubling any one

* British Journal of Homœopathy, January, 1875.

with the manner in which he arrived at this conclusion, but having come to it, his logic takes a flying leap, as follows :— “A strong hypothetic basis has led to the assumption that in Silica, when suitably administered, some medical property would be found to exist.” Truly a solid foundation for the science of medicine ! A strong “hypothesis” is the basis of an “assumption,” we presume, of equal “strength,” fortified with which we are to treat cancer, fibroid tumors and diabetes.

If our author had wished to prove the impossibility of Silica having any active properties whatever, nothing would have lent him greater support than affiliating it with nitrogen, a gas which has such feeble affinities that it is but a mere diluter of oxygen in the atmosphere for vital purposes, and is so deficient in chemical power that it is with difficulty forced into combination, and when so placed takes the first opportunity of escaping from the bondage ; a gas, in fact, that is best described by negative properties. To educe from its alliance the inference that Silica will be found to have active properties is *lucus a non lucendo*, with a charming simplicity about it. The whole process looks like a trick of slight of hand, whereby out of an empty handkerchief a couple of live rabbits are produced. There is an air of unreality about the argument, which seems to be brought in apologetically in connection with the subject of Silica, as if haply an old homœopathic drug might have its legitimate parentage safely ignored, and be made to look as if it were at home whilst new allopathic associations were being formed for it.

Leaving theory, as the author advises, we turn to the more useful subject of practice. As we are now on solid ground we willingly listen to his statements, and find that several interesting cases, whose diagnosis is evidently scientific and trustworthy, are related as having been treated with the powdered Silica in grain doses night and morning. At first this was mixed with a little Morphia, but subsequently it was given without it, but not quite alone, for it was made up into a lozenge with a little powdered chalk, resin, and gum, apparently to give consistency.

Five cases of cancer of the breast and uterus are given, with the uniform result of almost complete removal of the pain whilst the Silica was taken. The progress of the disease was not arrested in general, but the fourth case was apparently cured. It was one of developing cancer of the right breast after removal of the left for eucephaloid. The large mass

disappeared along with the pain, the retracted nipple, and the depression of the skin on one side of the mamma. The fifth case was one of scirrhus of the breast, and under treatment it shrank considerably, the health greatly improved, and the pain, as usual, disappeared. It is necessary to state that in open cancer, a lotion was used containing Fowler's solution, Conium and Bicarb. of Soda, although the author attaches no curative value to it beyond clearing the surface and destroying the odor.

Two cases of fibroid tumor of the pelvis are given. They both diminished very considerably—the first mentioned shrinking to the size of a hen's egg, and the other steadily diminishing very considerably—but in the latter case a similar growth occurred in the neck, while undergoing the same change, became impacted between the trachea and œsophagus, and by its pressure prevented food being swallowed, so producing death.

Two cases of glycosuria, the mild form of diabetes, follow, the first of them doing remarkably well in six weeks; all the sugar had vanished from the urine; and the sp. gr. was reduced to 1015. A relapse at the end of the year yielded to treatment as before. The second case improved very much in six months, though it is not stated that all the sugar disappeared; after a lapse of a year he was still improving.

Then come three cases of pronounced diabetes. The first ended fatally, in spite of the sp. gr. of the urine being reduced occasionally to 1015, thus evidently showing the power of the drug, although the action could not be maintained. The second case improved, but the patient went away and was lost sight of. The third case, however, is so remarkable that we particularise it. A middle-aged man lost forty pounds in weight in four months; the constitutional symptoms of diabetes fully developed themselves. The sp. gr. of the urine varied from 1034 to 1037, with large amount of sugar, tested by Professor Rodgers and himself, the quantity passed being not less than six pints by night, and perhaps as much more by day. After three weeks' fruitless treatment with Perchloride of Iron and Chlorate of Potash, he was placed on the Silica, one grain night and morning.

During the first four months the sp. gr. scarcely altered, but after four months it ran down to 1028, and at the end of seven months was 1017, and gave no trace of sugar. Since then health and strength have been quite re-established, and at the end of three years his weight is nearly up to its original mark, and not a symptom of diabetes is to be found in him.

In addition to these there is a case of simple albuminuria in a woman aged 42 ; albumen was copiously escaping. At the end of eighteen months of Silica treatment only a trace of albumen was found, and the patient's health was quite regained.

In the treatment of all the foregoing cases no restriction of diet was enjoined beyond the disuse of ardent spirits, and the diabetic diet was rather widened than contracted.

It is interesting to notice that in the diabetic cases it was the invariable rule that the skin became moist, the thirst less, and the calls by night to void urine less frequent, while the Silica was taken.

Clinical facts of this order are specially interesting to us, familiar as we are with the use of this medicine, and it is impossible to read them without surmising that we have before us some evidence of the homœopathically specific adaptation of *Silica* to conditions in which we have not sufficiently tried it. The relief of cancer pain, the shrinking of fibroid tumors and the removal of the diabetic conditions are sufficiently manifested.

We are well acquainted with its power over strumous ulcerations and indurations, with its pathogenesis of morbid nutrition, and its remarkable renal and urinary symptoms ; and if its powers of producing organic disease were fully known it is highly probable that we should be able to include several of the morbid conditions here referred to within its curative sphere.

Our provings, especially of the older medicines, are so largely of a subjective character that we have much to learn of the organic effects of medicine. Consequently clinical facts have their value in helping us to piece out a schema of drug action. Nor must we be reluctant to gather a hint from cases like those before us, though introduced to our notice with a prefatory cloud of dubious speculation.

AGARICUS IN TYPHOID FEVER.

BY G. C. HIBBARD, M. D., ADAMS, N. Y.

In reading Dr. Hering's recent and valuable contribution to the literature of typhoid fever, I was surprised to find *Agaricus* omitted. I have used it in this disease during the last ten years, and have abundant reason to place a high estimate upon it. Indeed, there is one phase of the fever in which I deem the *Agaricus* of the greatest importance.

Dr. Simmons, of Liverpool, has pointed out very clearly and concisely the neurotic symptoms in typhoid fever which demand this remedy. He says: "The delirium is constant, attended with attempts to get out of bed, with a tremulous propulsion of the tongue, and a general tremor of the whole body."

Previous to my employment of *Agaricus* in typhoid fever I relied almost exclusively on *Hyoscyamus* to control the wakefulness, restlessness, and delirium. I can truthfully say, that in the great majority of the cases it worked in a very satisfactory manner. Occasionally, however, I would get a patient whose delirium would not yield to this medicine, either in small or large doses, and invariably the "general tremor of the body" was present. *Belladonna* never did any good for me in a delirium of this sort, nor of any other, occurring in typhoid fever, and I now never think of giving it where this symptom is marked.

Since I began the use of *Agaricus* in typhoid fever scarcely any difficulty has been encountered in the management of the delirium. The bulk of the cases where this symptom calls for treatment do well under *Hyoscyamus*, and the other cases are nearly always controlled by the *Agaricus*.

In regard to the dose, I am compelled to say, that I have no faith in very small doses of this remedy to meet the wants of the cases demanding it. In a very few cases the first and second decimal dilutions have been successful, but nearly every one does best on the strong tincture, one to five drops every three hours, until improvement occurs. Sometimes even larger quantities of the tincture are necessary to subdue the violence of the delirium, and they must also be given as often as every hour in very bad cases.

Last September, I treated a young man during a run of typhoid fever, and the form of delirium, with the concomitant symptoms, which I have named as being "covered" by *Agaricus*, was quite manifest. He was kept in bed with much difficulty, and his loud talking was almost incessant. The 1st dilution did him no good, neither did the tincture in drop doses afford material relief; but 10 drops of the tincture every half-an-hour soon quieted him, and no further trouble was experienced in respect to the delirium, nor in any other direction.

Obstetrical Observations.

W. C. RICHARDSON, M. D., ST. LOUIS, Mo., EDITOR.

HÆMORRHAGE RESULTING FROM COILING OF THE FUNIS AROUND THE NECK—A RARE CASE.

On the evening of August 8th, 1873. at about 8 o'clock, I was called to see Mrs. D——, a stout, florid English woman, whom I found in labor, it being, as I was informed, her sixth accouchement, all the previous recurrences of labor having been natural. She had felt slight pains since about 4 or 5 o'clock of the preceding morning, making about sixteen hours since first appearance, but they had become severe and assumed the bearing down type only within the last hour or two.

On examination, I found the head engaged in the superior strait, the os largely dilated, the membranes ruptured, the presentation natural, i. e., vertex; the pains were now coming on very strong every four or five minutes, and during each contraction of the uterus a large quantity of fresh, unclotted blood was poured out; this was a matter of considerable mystery and annoyance to me, for the reason that I could discover the existence of no such complication as placenta-prævia, and the hæmorrhage occurring only during the period of pains that forced the labor, or in other words, pushed the child further into the pelvic cavity.

After witnessing three or four pains, and becoming alarmed through fear that the woman might lose her life from the profuse hæmorrhage, I despatched a messenger to my office, a distance of only three blocks, requesting Dr. F. T. Knox, of this city, (who happened to be on a visit with me at the time,) to come immediately to my assistance, and bring with him my long forceps (Hodge's.) On his arrival, I proceeded to apply and lock the forceps, which with some delay I finally succeeded in doing; waiting for the pain, I made traction, but unfortunately the forceps slipped from off the head without moving it in the least.

This operation was repeated five times, the forceps slipping off the head each time, and this notwithstanding the fact, that Dr. K. and myself both felt distinctly the ear within the fenestræ. We now, the flooding still going on and increasing, administered Ergot, and having carefully adjusted and locked the forceps, when the pain came on, by powerful traction, succeeded in delivering the head. The blood now gushed out continuously in fearfully large quantities, and as hastily as possible I forcibly extracted the body, the placenta coming away with the shoulder. By means of kneading the abdomen and cold applications I soon had the satisfaction of seeing the hæmorrhage cease, and the woman rally from the fainting condition in which for several minutes she had been.

On turning our attention to the child it was found to be dead and had the funis coiled *five times* around the neck, there being not more than four inches between the last coil and the placenta attachment—all attempts at resuscitation were without avail, but we had the satisfaction of a lucid explanation as to the cause of the profuse hæmorrhage, which was in this way: every pain, the cord being taut, that advanced the child in the least, tore the placenta from its uterine attachments, the blood naturally poured out of the uterine orifice of the severed vessels.

This is a case I believe that has no parallel on record, and one that teaches us that in all cases, where hæmorrhage exists previous to delivery, and cannot be controlled by ordinary means, the first and only thing to be done, is to deliver as speedily as possible.

W. C. R.

MASTODYNIA BILATERALIS CUM SECRETIONE COLOSTRI.

BY DR. SCHULZE.*

A woman, 26 years of age, entered the hospital at Heidelberg on account of torturing pains in both mammæ, with a peculiar secretion of a milk-like fluid. She narrates that she was confined about three years ago, labor and puerperium

* Translated by S. Lilienthal, M. D., Editor Dept. Foreign Trans.

were normal ; nursed the child for six weeks, during which the lacteal secretion was abundant, when it suddenly ceased on account of a mental affection (grief.)

The menses were normal in quality and quantity, but irregular, sometimes stopping for six months or even a year. Since November 1872 menstruation had been regular, but the last time before entering the hospital it lasted only a couple of days and was scanty. A year ago she suffered from acute articular rheumatism, which left no evil consequences.

November 1872, seven months before entering hospital she suddenly felt, as if the breasts became full, and as if *milk was pouring into them*, just as she felt formerly during nursing.—This sensation was at first only in the right mammæ. After having suffered from tension for quarter-of-an-hour, she pressed the mammæ, and was astonished to see exuding from the fine points of the nipple a milk-white yellowish fluid.

During the next few days the sensation of tension in the right breast increased, which at times felt very painful ; after five days it attacked also the left breast—both mammæ became now very painful, especially on the left mammæ, so that patient was unable to lie on the left side. Whereas, formerly there were free intervals, she could only speak now of exacerbations and remissions. After four weeks more the neuralgia began to tell on the patient, she became unable to work, even knitting increased the pain ; sometimes she complained of vertigo and headache, otherwise her health was good.

Objective examination revealed—moderate anæmia, perhaps some chlorosis ; the mammæ pendulous, moderately flabby ; mamillæ normal, no deeper coloring of the areola.—The palpation of the mamma gives no anomaly, 'nowhere painful tubercula. Moderately strong pressure over the breasts is well borne ; on pressure the nipples discharge a few drops of a yellowish-white fluid which microscopically corresponds to colostrum. Sensitive to pressure on the proc. spinosi of the 2nd to the 10th dorsal vertebræ. In the left 4th intercostal space pain on pressure just where the arch of the rib is ; pressure on the 8th to 10th dorsal vertebræ causes the pain to radiate to—

ward the right mamma ; shoulder and arms nowhere sensitive to pressure ; respiratory and abdominal organs normal.—Exploration and inspection of the genital organs reveals a moderate fluor albus ; the mucous membrane of the orificium uteri ext. more red than normal ; no pregnancy, no symptom of extra uterine gravidity.

The patient remained nine months in the hospital, and every treatment failed to procure a more than a mere temporary improvement. Hypodermic Morphine injections, iron preparations on account of the anæmia, Iodide of Potash, Bromide of Potash, Quinine, Fowler's solution, Atropia up to symptoms of intoxication, hypodermically applied, *all* were faithfully tried, and all found wanting. Only electricity brought some relief during the first few weeks of its application—and by-and-by the faradic as well as the galvanic current also failed even to give momentary relief. During all this long time the breasts remained painful, only instead of cutting pains they became more lancinating, and the intervals became shorter and shorter. The seat of the pain in the right mamma was in the upper portion of the gland, on the left side in the lower portion, and she often felt as if in stooping the breasts would drop off ; sometimes she also had a sensation of chilliness in them, or a kind of formication which lasted for a few days. We could never demonstrate anæsthesia on any part of the breast. Decided symptoms of hysteria never appeared. She complained frequently of headache, felt easily tired, and suffered sometimes from an intercurrent bronchial catarrh ; appetite was mostly good, and nutrition satisfactory. The secretion of colostrum remained nearly the same. Menstruation was not perfectly regular, as the intervals changed—during the flow the breasts were more painful, and discharged during that time a clear serous fluid, not the usual milk-like fluid, and although colostrum-corpuscles could be demonstrated in the former, the quantity of milk-cells decreased.—We could never detect any painful nodes or tumors.

Neuralgia mammarum is by some authors considered a frequent occurrence in delicate and nervous women ; whereas Eulenberg considers it rare, but very obstinate when present. At any rate—a milky secretion in combination with mastodynia is a rarity.—[*Berlin Med. Klin. Wochschrift.*

ANTEVERSION WITH FLEXION.

BY WM. GRUMBIN, M. D., BELLEVIEW, LEBANON CO., PENN.

June 5th. I was called to Mrs. P. in great haste. Was informed by the husband that his wife was the patient of Dr. F. an allopath, in a neighboring village; that Dr. F. had been there in the evening, (this was midnight) and left her some small Morphia pills for pains; that her courses had been very irregular for months, and often very profuse; that Dr. F. was not at home, and unless his wife got relief soon she would die; that she has had no flow for a week.

The woman—poor in flesh; nervo-bilious temperament, was suffering at the time from extreme pain arising in the small of the back, and passing from thence to the uterus; bowels were constipated, and had been so for some time; skin hot, but moist—owing evidently, to the severe pain; face pale; pulse somewhat excited; considerable nervous prostration, more apparent than real.

I gave Nux vom. I , which relieved the pains in the back, and lessened those in the abdomen. In the meantime I made a vaginal examination; found the os uteri lodged behind the pubes, and the fundus (as I then thought) in the hollow of the sacrum and filling the entire pelvic cavity. My diagnosis was pregnancy, with retroversion; but on applying my hand to the abdomen, I found the fundus uteri there, size of a child's head, and contracting powerfully during each pain; conclusion—anteversion with flexion, and the result abortion, unless remedial aid could be given, although there was no hæmorrhage at the time, and the os closed.

In the morning I met the family physician, our diagnosis agreed; but, as a matter of course, our treatment differed.—He, siding with the views of the family, wished to introduce an instrument (of which he certainly had an abundance) into the uterus, to lift it in position and discover its contents.—This to me meant abortion, and I decidedly objected to it. As to internal treatment, he had nothing but Morphia to recommend—and wishing to leave home for a week on a visit, he

turned the case on my hands, to which I in truth did not object.

Nux had done all it could, but still the pains returned at irregular intervals, and at no time was the patient easy. Gave Belladonna for bearing down pains; Cantharis for urinary difficulties, and at last Secale cor. for the severe uterine contractions, with very little benefit.

The family was impatient, wished counsel, to which I objected, simply because I am the only homœopath in the county. Hughes tells me that Caulophyllin is the only analogue of Secale cor., and I knew of no remedy that produced similar contractions. Gave four powders of first trituration with instruction to nurse, that if there was any aggravation to stop its administration.

In an hour after the husband followed me in great haste to come immediately—I found the woman in great agony, and knew that I had selected the proper remedy—all the symptoms were aggravated, with many additional ones. I sat by her bedside for two hours giving Sach. lac. every half-hour. The pains left her in a short time entirely, and she has had none since. Saw her a few days ago, is in her sixth month, and in good health. The uterus lifted itself out of the pelvic cavity without mechanical appliances.

Many thanks to Dr. E. M. Hale for his "*New Remedies*"; they have been of great value to me.

SCHATZ ON THE LIQUOR AMNII.—Professor Schatz, of Rostock, (*Berliner Kl. Woch.*) spoke on the question of the source of the liquor amnii. He found that a large part, if not the larger portion, of the amniotic fluid was yielded by the kidneys and the skin. The chemical constitution of the fluid proved this. Its interchange, viz., its constant resorption and its reappearance in urine and sweat, seemed to proceed very actively. The consistence of the meconium admitted of the conclusion that the fœtus, during the last months of gestation, partially swallowed the liquor amnii. This the author proved by an observation made in a case of twins.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

CONVULSIONS.

BY DR. I. SCHUETZ, OF PRAGUE.

Convulsions consist in involuntary contraction and relaxation following in rapid succession, in concussions or twitchings of the muscles, in most cases with perfect unconsciousness. Convulsions either attack all muscles of one or both sides of the body, or only single parties of muscles; may also attack the totally or semi-unconsciously acting muscles; whereby we explain the disturbed respiration, the irregular pulse, the involuntary discharge of excrements, the redness of the face, the foam before the mouth, the rattling and screaming, etc., which accompany severe fits. They show in most cases the greatest similarity to true epileptic paroxysms, which may be considered as prototypes of the convulsions.

The convulsive motions are reflex actions—arising partly from direct causes, partly from such which cannot be shown, and abolish consciousness by their severity and generality.—They appear at every age in both sexes—independent of season or time of day, with or without prodromata. In some cases mode of life and occupation may be of some influence.

Most important pathological states must lie at the root of such severe phenomena, and we prepare therefore the following schema for our further study:—

1.) Convulsiones neonatorum.

(2.) Convulsions during infancy: (*a*) as prodromata of other diseases—as acute exanthemata or pneumonia; (*b*) as sequels of other diseased states, as—fright or anger of the wet nurse, dentition, meningitis basilaris cum hydrocephalo acuto, tuberculosis cerebri, errors in diet, rectal croup, extensive burns, anæmia caused by tedious diseases.

(3.) Convulsions of grown up persons : (*a*) in consequence of affections of the nerve-centres, the brain, or spinal cord, as after apoplexy, in encephalitis, cerebral tumors, cerebral syphilis, epilepsy ; (*b*) in consequence of other diseases or morbid states—as hysterical spasms in consequence of anæmia or inanition, the eclampsia toxica, convulsions in hydrophobia, in consequence of cholæmia or anæmia, the eclampsia gravidarum et parturentium, and the typical form of convulsions.

(1.) The convulsions of new-born infants, also called epilepsy or eclampsia neonatorum, are always caused by a diseased state of the central nervous system and the convulsions form paroxysmal general spasms, i. e., reflex motions of all voluntary muscles with perfect unconsciousness.

I met the disease nine times in 2500 infants, and only in two cases phlebitis umbilicali could be considered the cause of it. In one case the phlebitis was very severe, on the second day convulsions set in, and autopsy revealed extensive arachnitis, in the other case phlebitis was less secure and not extensive, icterus and convulsions followed. Except a blood-coagulum of the size of a pea firmly adhering to the dura mater, the brain and its membrane were of a jaundiced hue. In all other cases hæmorrhages were found in the cavity of the skull or of the spinal cord (six times in the former and twice in the latter. The hæmorrhage was on the dura mater, more rarely between the different membranes, never on the substance of the brain ; there was sometimes in the ventricles either pure blood or bloody serum. In two cases, where the extravasated blood touched the brain-mass, encephalomalacia was added to it. This kind of hæmorrhage, which by and by, did not always produce convulsions, was accidentally found after death, from other causes ; it did not stand in any relation to the labor itself, happened after artificial as well as after natural labor, in easy as well as in difficult labor ; all the children were strong, well nourished, and fully developed ;—only in a few cases the funis was coiled around some part of the child, and could not be considered as the cause ; neither could the compression made in one case on account of a throm-

bus, nor the dislocation of some of the cranial bones in another case be considered as causes, as they failed to be present in the other cases.

The *true* cause of these convulsions is therefore still unknown, but we may surmise, that when by some unknown causes hæmorrhages set in in the cavities of the brain or spinal cord, producing sufficient pressure on certain nervous parts, some reflex manifestations and involuntary motions will follow, attacking larger or smaller complexes of muscles—in other words, producing convulsions. Thus we can also explain how other symptoms appear in cerebral hæmorrhage, than in that of the spinal cord; in the former we witness increased temperature of the head, distortion of the facial muscles, the *crie hydrocephalique* so well described by *Coindet*, erections of the penis; in the latter *opisthotonus*, contractions of the extremities, with concussions, and after a while increased temperature of the head; the pulse could not be counted in any case, urine and stool rare, symptoms in common to all convulsions.

The appearance of the convulsions varied from the 2d to 12th day after birth, in the case where the convulsions set in at the 12th day, the post-mortem showed, that the hæmorrhage happened many days before. The convulsions may set in every few minutes or may discontinue for many hours; in one case one convulsion followed another. After every convulsion the children remained soporous for sometime. The course of the disease is very acute, and death may set in after the first paroxysm. The severity and frequency of the fits as well as the extension of the hæmorrhage are of considerable influence on the duration of the disease. It was observed, that where the disease does not immediately run its fatal course, the infants refuse the breast after a fit, and have some difficulty of swallowing their food.

Prognosis is extremely unfavorable. I never saw any case recover, where the new-born babe suffered from true convulsions. Therapeutics are none. We may order cold compresses on the head, stimulating injections, and if we must

give something internally, prescribe flor. Zinci (1-6 gr. pro dosi) or some emulsion according to old habits (℞ mixt. gum. Arab. ℥ii., Magnes. carb. gr. iv.) Well shaken up, a teaspoonful every hour.

(2)—CONVULSIONS DURING INFANCY.

(a.) *As prodromata of other diseases.* Convulsions may set in in children of perfect health, and even good practitioners may be at fault, to find out the cause at their first visit, and in such cases we must be satisfied with ordering cold compresses on the head, stimulating injections and sponging with vinegar, and even a leech behind each ear in strong robust and plethoric children.

Acute exanthemata frequently have convulsions as a prodroma. In the strictest sense of the word there is no rational treatment for such convulsions, and follow the old beaten track only to do something. If physicians were consequent in their actions; they would only make this diagnosis, and there would be no necessity for any further visits; but in doing something let us be careful not to do any injury. Convulsions as prodromes of acute exanthemata is most frequently seen in scarlatina, sometimes in variola—I never saw it in measles, although others observed. The convulsions most frequently appear suddenly when the child is apparently as well as ever, or only after a short feeling of illness, they are never observed at the height of the exanthema and sometimes after the first convulsion the eruption comes out in full bloom. Neither the severe febrile symptoms nor the high temperature of the body can be its cause, as both symptoms are absent at the appearance of convulsions, and which disappear, as soon as the disease localizes itself, as soon as the eruption breaks out. It is yet a hypothesis if the convulsions take the place of the chill, so often observed as the precursor of acute disease, and it is the more questionable, as convulsions are the exceptions. Others suppose, that the appearance of convulsions depends on the quantity of the unknown agent producing the eruption, but we might reply again, that convulsions are only seen in rare cases, that most intense exanthemata appear without such

forerunners, and vice versa—that convulsions also happen in light cases. We suppose, that in all such cases the cause lies in a greater irritability of the nervous system.

(b.) *As sequels.* (d.) The yet unexplained observation, where fright or anger of the wet nurse produce convulsions in the babe. *Bouchut* relates a case, where a mother nursed her babe at the moment when she was extremely frightened at the danger of seeing her husband murdered. The eleven months old child, strong and hearty before, suddenly let the breast go, and died after a few moments. Considering according to physiological laws, the influence of mental emotions and of nervous commotions on all secretions and excretions, we may conclude, that the altered secretions are not without influence on those, who subsist on them, and this especially at such a tender age.

In the course of our treatise we will find opportunity of studying the influence, which an altered quality of the blood exercises on the appearance of convulsions, and we mention only here in general, that e. g. some poisons kills instantaneously, in others, death sets in under most severe convulsions, as *Maschka* has shown in his experiments on animals on the action of Nicotine and of concentrated Prussic acid. Poisons act by resorption, which is quicker in some, slower in others; but the action of one and the same poison may be different in different individuals, like every other noxa; experience also teaches, that some individuals may expose themselves at one time without any injury to some noxa, and at another time they suffer from such exposure, or vica versa. Such facta may be reduced to the *power of resistance* of the whole organism or some of its parts; varying according to age and sex, according to preceding diseases, mode of life, education, occupation, or other social relations. It is clear that the activity of the nerves and their irritability, play here a chief part, influencing the appearance of reflex sensations and of reflex motions.

(7.) *Convulsions from dentition.* Examining the physiological process of dentition, we find, that the steadily consolidat-

ing dental pulse gradually absorbs the gums covering it, but where the gum takes on a nearly cartilaginous quality, it prevents the development and the growth of the tooth outwardly, the tooth presses therefore on the pulp of the permanent tooth, which again presses on the nerves, and such a pressure may suffice in certain cases to produce painful sensations and their reflex motions in the form of convulsions. Incisions at the edges of the gums are therefore generally recommended. By holding on to such an explanation, we easily understand why there are no convulsions in second dentition, passing off without subjective symptoms, and without pain; here the new tooth produces a tergo-resorption of the root of the milk-tooth, pushing outward the rootless crown, a counter-pressure does not take place, the milk-tooth becomes loose and is easily removed. But where the milk tooth after the absorption of the root is tightly held in its place, the permanent tooth pushes its way outward, before or behind the milk-tooth, and keeps this false position, till the milk-tooth falls out or is artificially removed. Just as I advise in caries, extraction of the offending tooth, so here incision of the gum is the sole remedy for allaying the irritability of the nervous system.

(8.) *Meningitis Basilaris*, and its accompanying *hydrocephalus acutus*. This disease is hardly seen before the sixth month or after the second period of dentition. Its chief seat is the basis of the cerebrum, and the inflammatory product is found here in a far greater quantity than in other places of the cerebral surface. The cerebral nerves, originating at the base, are therefore frequently affected. The pia mater, and the arachnoidea are murky, and the fibrinous exudation frequently shows the form of granulated, knotty, tuberculous coagulations. The chief seat of this exudation is on the fascicles of cellular tissue between the pia and arachnoidea inside of the both sided hilus cerebri from the chiasma nerv. opt. to the pons and medulla oblongata. Hence the inflammation spreads to the fossæ sylvæ and the longitudinal fissure of the hemispheres to the blood vessels and ependyma of the ventricles, especially the lateral ones, and thus causes the acute hydrocephalus.—

By its extension the oculomotorious, trochlearis, abducens, trigeminus, facialis, acusticus, glosso-pharyngeus, vagus and accessorius Willisii are drawn in, producing the characteristic symptoms, as the position of the eye during and after the attack, the squinting, the vomiting, the *crie hydrocephalique*, especially the contraction of the muscles of the neck and teaching us the deposition of exudations and of granulated tubercles around the nerves coming out from the base of the brain.

At the first appearance of convulsions it would be difficult to diagnose immediately meningitis basilaris, and only when characteristic symptoms set in, as strabismus and contraction of the muscles of the neck our diagnosis becomes more probable, and where these symptoms remain constant, we may diagnose with certainty a meningitis basilaris, with consecutive acute hydrocephalus.

Traube draws our attention to the frequency of the pulse in this disease. The pulse increased in frequency at the beginning of the disease is soon more or less quickly reduced, and reaches with the acme of the disease the minimum of frequency; during this stage some muscles supplied by the cerebral nerves, already become paralyzed, as ptosis palpebræ superioris, strabismus, dilatation of the pupil, till finally the pulse again rises to 140 to the minute and indicates the appearance of the third stage; the patient is soporous; the paralytic symptoms increase and extend, contractions of the upper extremities set in, the formerly red face turns pale, and under the symptoms of collapse death takes place.

With a sure diagnosis the prognosis is always fatal, and all the therapeutics fail. Here also the physicians' order cold compresses on the head, sponging with vinegar, injections of soap-suds, and of warm water with salt and oil, give internally flores Zinci, (1-3 gr. p. d.) with Calomel, just to do something and they allow to the little patient milk, beef-tea and fresh water. Just before death swallowing becomes more difficult, and finally impossible.

(9.) Similar to meningitis basilaris is the *tuberculosis cerebri* of children. Here also it is impossible to make our diagnosis negatively, from the want of characteristic symptoms of other forms. It will always be of importance to examine closely, if at the appearance of convulsions in childhood there are also present in some place or another glandular swellings, scars, caries with its sequels; as such circumstances aid us in explaining the cerebral symptoms. Convulsions per se are only a symptom, and do not endanger life, the prognosis bases itself on the diseases, which caused the convulsions, and this is in many cases of extreme difficulty to find out.

(10.) *Errors in diet.* Convulsions after errors in diet usually set in some time after taking the indigestible food, so that we may suppose, that their presence in the small intestines is the cause of the convulsions. Copious evacuations will always bring away the offending cause, and with this removal health be re-established. This form of convulsions are always reflex motions, produced by irritation of the intestinal mucous membrane, and whenever we cannot find any cause, it will never be amiss in infantile convulsions, to apply stimulating injections repeatedly and copiously, especially as during and immediately after the convulsions it is nigh impossible to give anything per os.

(11.) *Rectal croup.* In 1864 we had many cases of diphtheria of the fauces and respiratory organs, and I also observed these two cases of rectal croup. The children were taken with high fever, pains all through the colon, and discharges of bloody slime with tenesmus. Suddenly severe general convulsions set in, during which the discharges are more frequent, consisting of membranous patches of different size, mixed with green or reddish mucus and faeces. Improvement began, when urination became copious, the urine being muddy, yellowish-white, containing $\frac{1}{4}$ albumen and numerous phosphates. Old pathologists always considered helminthiasis as the frequent cause of reflex spasms and convulsions, and we cannot doubt, that the large quantity of mucus offers a suitable habitation for the presence of worms. Considering the severe

symptoms which tænia may produce in grown persons, we may easily understand, that the presence of worms in the infantile organism may also cause grave symptoms, and under favorable circumstances to convulsions, as reflex manifestations.

(12.) *Traumata*, especially denudation of peripheric nerves to a large extent. Just as we see in grown persons, a nervous chill after severe burns; so also may such a lesion produce in children convulsions. In such cases our indication is to produce quickly an artificial skin by a thorough pencilling with a saturated solution of Nitrate of Silver, and we may also prescribe at the same time small doses of Flores Zinci.

(13.) *Abnormal quality of the blood*, especially anæmia. Convulsions are frequently observed during long and tedious diarrhoea at the period of first dentition, or immediately after weaning, and by the change of food. How many times do we see, when a child is a little costive, that over anxious mothers give a purgative, 10 to 12 stools follow in 24 hours, micturition decreases; the little ones lose their appetite and their sleep, lose quickly flesh and become anæmic, face sunken in, voice hoarse, extremities cool, pulse small and filiform, Convulsions in such a case are only the forerunner of *death*.

(To be concluded in next number)

NOTABILIA ON MATERIA MEDICA.

A CASE OF BELLADONNA POISONING WITH METEORISMUS.

August, 1874, Dr. Huber was called to a little boy, who ate in the afternoon some Belladonna berries. Being otherwise engaged he sent an emeticum of Antimonium tartarisatum, but found at night, when he came, that on account of the excited state of the patient the medicine had not been given.—He found the otherwise healthy child sitting on a bed very restless, striking at those around him, sometimes screaming, face red, pupils greatly dilated and staring; the pulse could not be felt on account of the restlessness. Consciousness was somewhat dimmed, as no answers were given; respiration showed nothing abnormal except what could be accounted for by the irritability. R. Morphine in solut., Kali acet.

The report the next morning showed that the little patient was more quiet during the night. In the afternoon the sensorium was brighter, but the most important phenomenon was a tremendous meteorismus. The abdomen was painless to the touch; resonance everywhere clear, and the tension of the abdomen moderate. The picture of the abdomen was such as we find in long continued obstruction of the intestinal canal. Ordination: Clysmæ, with one drop Ol. Croton; internally Solutio Magnesioe ustæ. By mistake the medicines were changed, and the little patient spit out the nasty stuff.—Shortly after the injection the abdomen collapsed. Next morning the child was well, only the pupils were still dilated.

It is certain that paralysis of the intestinal muscles caused the paralysis, analogous to the mydriasis after applying Atropine to the conjunctiva. We also know that *Trousseau* uses *Belladonna* for constipation, and *Frerichs* recommends *Belladonna-clysmata* for ileus spasticus. *Bezold* and *Blirnbaum* also observed diminished irritability of the intestinal canal in atropinised animals, and *Huseman*, *Gmelin*, *Orfila*, *Falk* mention in their toxicological works, meteorismus as a symptom of *Belladonna* poisoning.—[*Bayer Aerzt. Int. Blatt.*, Nov. 1874.

POISONING BY COLCHICIN IN CONSEQUENCE OF DRINKING ENGLISH ALE

Where this Alkaloid was used to save Hops. Dr. Boettern says: Four men took with their meal some English ale. A quarter-of-an-hour afterwards they were attacked by general malaise, pressure in the cardia, frontal headache—after some time frequent vomiting and diarrhœa. A servant girl who drank some of the ale, was taken down with the same symptoms.

Amelioration after drinking some strong black coffee; the sleep was very little disturbed, but on the next day still malaise with the same symptoms as the evening before, but added to them burning heat in the head, thirst, horripilations, and in one of the patients rheumatic pains in the back and extremities.

Another one suffered the following day from lichen, which began on the face and spread then over the whole body, and passed off after only 5 days by the application of warm baths and mineral acids; but he felt well otherwise, especially diges-

tion was normal. With the other patients the symptoms gradually decreased, but lasted for several days. Chemical analysis proved the presence of Colchicin in the ale.—[*Schmidt, Jahrb. 10, 1874.*

In *Fahr's* "Symptomen Codex," we find the following symptoms of Colchicum:—

Crampy sensation, now in one, then in another part of the head, particularly close above the eyes; tingling in the forehead; heat in the mouth, with thirst; accumulation of water with nausea, repletion and malaise in the abdomen; nausea in the erect position; violent vomiting with trembling and spasms; every motion excites or renews the vomiting;—frequent evacuations of transparent, jelly-like mucus, relieving the colic; frequent shiverings along the back.

The only symptom not described in this code of symptoms is the lichen, a non-itching eruption with scaly desquamation, but as Colchicum produces itching of the whole body as from nettles, as after getting frozen, and as the eruption began in the face (an unusual place for lichen except the syphilitic one) we must either believe, that the lichen patient suffered from syphilis, or that the eruption was a different one. We incline to the syphilitic explanation.

Kafka, (Therapy ii., 299,) describes thus the Colchicum rheumathritis:—

General inflammation of the joints, with excessive hyperæsthesia, so that the slightest concussion of the air, of the bed, of the floor, renders the pains unbearable; exacerbation of the fever and of the pain in the evening, and at night with copious sweating; secretion of urine diminished, but urine highly saturated; excessive thirst, quickened respiration and increased strong beating of the heart; the larger joints intensively red and hot; the smaller ones swollen and stiff, with sensation of numbness.

POISONING BY CARBOLIC ACID.

A man of thirty years, suffering from stricture of the urethra, took by mistake a teaspoonful of a solution of Carbolic acid (containing perhaps 25 to 30 ctgrm of the acid.) The burning which he immediately felt in his throat and œsophagus, showed him his mistake, and he took right off some milk and water, and a few minutes afterwards a dose of Castor oil. The burning in throat and œsophagus continued; after 10 or 15 minutes a slight tremor set in over the whole body, steady-

ly increasing, followed by deliria, irritability and rage, with copious perspiration. His breath smelled slightly of the acid. At the attempt to examine his throat, he closed his teeth tightly. The heat of the heart as well as the pulse could not be felt. Pupils were normal and reacted to light. The abdomen was bloated, especially in the epigastric region, but neither hard, nor tense, nor sensitive to pressure. He could not take medicine.

After about two hours he became more quiet, the sweating decreased, pulse and beat of the heart could not yet be counted. Instead of the tremors a somnolent state set in, the sweating ceased, the pupils dilated, but showed reaction to light. He swallowed now the most part of a tablespoonful of Magnesia. The pulse was irregular and intermitting, the veins appeared swollen and raised. Three hours after taking the poison the pulse became more regular and stronger but frequent (120 to the minute), the pupils began to contract, the patient more quiet, answered rationally, and only complained of feeling languid. The pupils were now normal, the pulse full and 100 to the minute. The oil showed now its action, but the fæces showed no smell of Carbolic acid.—Later he vomited twice a watery thin fluid, not smelling of the acid. No pains in the stomach. He slept good, and when awaking complained only of some burning in the throat ;—fauces were slightly red and showed some small grey spots which soon passed off. The urine showed at first large quantities of albumen, after a while it was clear, but of a dirty brown color ; it never smelled of Carbolic-acid. The dark color passed off gradually, but it remained albuminous for four days. Chemical analysis showed the acid in the dark-colored urine.

The most pregnant symptom in this case is the *relaxation of the activity of the heart* ; if death would have set in at the beginning of the stage of depression, following the primary stage of excitation, the paralysis of the heart would have to be considered as the *causa mortis*.—[*Schmidt's, Jahrb.* 10, 1874.

These heart symptoms are not recorded in Hale's *Characteristics of New Remedies*.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

STATE MEDICINE AND A MEDICAL INQUISITION.

A Discussion of Legislative Measures designed for the erection of an Authoritative Medical Standard in Tennessee, and in the several States, showing their Injustice and Futility.

BY A CITIZEN.

A pamphlet with this title comes to us from Nashville, Tenn. It is well written, and if we were told that its author was Dr. J. P. Dake we should say that it is not unworthy of his reputation and public spirit.

As its subject is of special interest at this time, and the matter is being agitated East and West, as well as South and North, we make the full extract, which now follows :

Ostensibly in the name and for the benefit of the people, Mr. Jordan, of the State Senate of Tennessee, introduced a bill, entitled "*An Act to protect the citizens of this State from empiricism*," the provisions of which are so extraordinary as to call for public comment.

NATURE OF THE INQUISITION.

It requires the appointment, by the Governor, of a board of medical examiners in each county, consisting of "five regular graduates of some chartered medical college," who shall meet at pleasure, and summon before them all practicing physicians and surgeons. Those who exhibit a diploma from some "chartered school of medicine," and are possessed of "good moral character," and all those without such diplomas, who satisfactorily pass "an examination conducted in such manner and to such extent as the examiners may deem most conducive to the interests of the people," are granted, each one, a license to practice; the graduates paying therefor five dollars each, and the simple licentiates twenty dollars each.

Any one, "*women midwives excepted*," presuming to practice without the approval of the five examiners, or a majority of them, is not allowed to collect fees, and is made subject to a fine of not less than *five hundred dollars* for each offense.

On the second day following, Mr. Ellis introduced another medical bill to be entitled, "*An Act to protect the citizens of Tennessee against the imposition of quackery in medicine and surgery*," the provisions of which are yet more sweeping and revolutionary than those of Mr. Jordan's bill.

It calls for the appointment, by the "*State Medical Association of Tennessee*," of a board of medical examiners for each grand division of the State, consisting of five "regular physicians," to meet annually for the examination of all practicing physicians and surgeons, and all druggists and pharmacists, within its jurisdiction.

These boards are to grant licenses to all who exhibit diplomas from "accredited medical colleges," and to all such as "undergo a satisfactory examination," the former paying five dollars, and the latter twenty-five dollars.

"And it is further enacted, that physicians belonging to a different school of medicine, not represented by this board, may practice under their diplomas alone,"— (without licenses and without payment of the five dollars?). All apothecaries are to be examined, and, if able to pass, are to pay the twenty-five dollars, or any sum less, which the Board may be willing to take.

And it is further provided, "that any physician having a diploma from any 'accredited' medical college, and in practice prior to the 1st day of January, 1875, may be exempt from the provisions of this Act."

And the Boards are authorized "to prescribe a course of reading to those who study medicine under private instruction, which shall be *obligatory* upon all who may apply to them for examination."

And "any person violating the preceding sections shall be liable to indictment, and, on conviction, fined not less than five hundred dollars, nor more than one thousand."

The differences between the two bills are chiefly these: in the first, the Governor appoints the Boards; and in the second, the State Medical Association of Tennessee does the appointing. In the first, there is a Board in each county; and in the second, a Board for each grand division of the State only. In the first, all who show diplomas from "chartered schools of medicine" are passed without examination, regardless of medical creeds; and in the second, all heretics, or those "belonging to a different school of medicine, not represented by this Board," are either honored or slighted (we cannot tell which) in being allowed to "practice under their diplomas *alone*." And lastly, the first bill favors *women's rights* by exempting "female midwives" from the requirements of the law, while the second shows them no special favors.

Admitting, as every good citizen must, the desirableness of having every one, who essays to practice medicine and surgery, well educated and well balanced in mind and morals, I submit that the arm of the law, the power of the State, cannot attempt to enforce such qualifications, or to erect a standard by which every one who would heal the sick is to be measured, without a manifest violation of the spirit and genius, if not the letter, of our Constitution. The attempt to reach over the heads of the people to prevent their employment of one or another practitioner of the healing art is a plain violation of individual rights, and a glaring denial to them of the intelligence requisite for their own safety.

It is an immense stretch of imagination to suppose that the diploma of any particular college, however much "accredited," or the certificate of any Board of Medical Examiners, however appointed, can insure well educated, well balanced, honest, sober, and faithful physicians to the people. Think, for a moment, of the physicians about you, and tell me how many you know, with diplomas from "accredited" colleges, whom you would not trust to make for you the simplest prescription, whom you would not suffer to cross your door-sill, or to lay a finger upon the pulse of your wife or your daughter.

How many such do you know, whose ignorance, or drunkenness, or inattention, has cost the life of one dear to you?

Colleges are needed, and faculties and diplomas are proper in their place: but it is preposterous to imagine that any medical faculty can, in a few short weeks of lectures, and a few minutes of examination, judge for all time to come of the qualifications and character of all the young men who come and go from year to year.

And it is yet more preposterous to imagine that any Board of Examiners, in a brief examination, can so far determine the medical and surgical qualifications of those who come before them, as to warrant the State in putting its authoritative seal upon them, *as always and entirely safe and skillful in the care of the health and life of its citizens*.

Are not the people among whom physicians reside, and for whom they ply their art, and whose lives are at stake, in the judgments they may form as to the medical and surgical qualifications of their attendants, better able to

form correct estimates of their present character and skill, than the lecturers at medical schools, who knew them years before, when young, or Examining Boards, that have known them but for an hour?

Following the scriptural method of judging every tree by its *fruits*, and not by its buds or its blossoms, is it not much safer for the neighbors and patrons of a physician to pass judgment upon him, than that it should be done for them, by medical faculties interested in swelling their list of graduates, or by authoritative and sectarian Examining Boards, interested in the suppression of what may seem as "quackery" to them?

And, for the purposes of the people, is it not better for them to know of their medical attendant that he is prompt, and sober, and, above all, *successful*, than that he was a bright young student of medicine, or that he was able to answer, out of a ready memory, a few questions as to the elements, and theories, and formulas of medicine, as held by half a dozen medical examiners?

But suppose the people are sometimes deceived, may not faculties and examiners, however honest and faithful, be the subjects of deception also? And suppose the people, with "State medicine," are misled and imposed upon, does the State presume to bear the responsibility of the imposition? If it assumes to judge as to the qualifications of medical practitioners, to dictate to the people whom they may employ, and whom they shall not, the assumption must be based upon a *responsibility for all the consequences*. Where States have so far forgotten their true functions as to absorb the individual judgments of its citizens in matters of medicine, or religion, or politics, they have ceased to be free, and have become despotic.

As our general government has no authority to trespass upon the individual rights of the several States, so our State government has no authority to trespass upon the individual rights of her citizens by arbitrary enactments.

If, however, the policy set forth in the medical bills now pending is adopted, and the State presumes to ignore the will of the people, and to erect for them a medical standard upon the flimsy pretext of protecting them from imposition, let it not stop, but go on and erect a religious standard also.

If the people are the subjects of medical imposition, they are much more so of religious imposition. If they are incapable of choosing their own medical systems and attendants, they certainly are no better able to choose their own religious creeds and spiritual advisers. If the State proposes to force them in the right road to health, why not also in the right road to heaven?

States that have done the one have generally tried to do the other.

It would be very nice to have but one form of religion in the country, and to have every preacher educated so that his prayers would be chaste and without repetitions, and his sermons logical, rhetorical and eloquent. Suppose we have a bill introduced at once, for the appointment of Boards of Religious Examiners, who shall be authorized to summon before them all clergymen within their jurisdiction, giving a license only to such as can show diplomas from "accredited" theological schools, or to such as pass a "satisfactory examination." You ask what is meant by "accredited" and by "satisfactory." If we pursue the course marked out in the medical bills now pending, we must take, as religious examiners, graduates from some "accredited" theological school; and all the examiners must belong to one church, and that the most numerous in the State. Then we must, in our bill, provide that the examiners shall all be Methodists, and that by "accredited theological schools" is meant such as are sound in the Methodist faith; and by "satisfactory examination," correct answers upon all the teachings of the "Methodist Discipline."

It is suggested that such a State system would not be fair, as, after all, the Methodists, though most numerous, do not constitute a majority of all the religious people in the State.

Very well, let us then have a Protestant Board of religious examiners, as the Protestants exceed in numbers, the Catholics and Jews and Rationalists,

quite as much as the adherents of the State Medical Association of Tennessee, do those who entertain medical beliefs differing from their own.

What is the matter now? You say that minorities have rights in religion that the State is bound to respect? Exactly so—and just as much have minorities, in medicine, rights that the State may not disregard. And you say the State has no business with religion, except to see that there is no constraint of conscience or interference with public worship. Very true—and so with medical theories and practice.

You say there should be no authoritative standard of theological education, as many of the best preachers never saw the inside of a college or theological seminary, while many with diplomas and titles in abundance, are but dull drones, entirely unfit for the work assumed.

All true—and so likewise of medical practitioners.

* * * * *

What, then, has the American Medical Association, or any of its branches done, or what are they capable of doing, that should entitle it, or them, to the exclusive recognition and favor of our National and State governments?

Why should they have authority to lord it over all other Associations, and to compel every practitioner of the healing art to accept their creed and code?

There are other societies, with colleges and bureaus, and committees, with quite as much learning, and quite as much regard for public, as well as personal health, among the people, that claim governmental protection and favor, not exclusive, but in common with all other societies, organized for the promotion of science and the good of humanity.

Let us have societies and associations, under the fostering care of the Government, for scientific and sanitary purposes, but not for the promotion of medical sectarianism, and selfishness, and tyranny.

Let us consider and cherish the noble sentiments of the great Benjamin Rush, as true a patriot as he was physician and philosopher, a signer of the Declaration of American Independence, and a Professor in the University of Pennsylvania, who in his introductory lecture, Nov. 3, 1801, said to the class:

“Conferring exclusive privileges upon bodies of physicians, and forbidding men, of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries, are institutions, however sanctioned by ancient charters and names, serving as the bastles of our science.”

RECAPITULATION.

In conclusion, all efforts at legislation for the establishment of “State Medicine,” should be defeated, for the following, among many other, and sufficient reasons:

1. It is asked for, not by the people, but by a particular class of medical men.

2. It is intended for the benefit, not of the people, but of a particular class of medical men, who expect thereby to secure the following advantages to themselves:

- a. Associational aggrandizement.
- b. All State medical appointments.
- c. The exclusive right to exercise medical censorship in the State.
- d. The privilege of characterizing all other classes of medical men, as “irregulars,” and as allowed to exercise the art of healing, not by right, nor by merit, but by a generous sufferance on the part of themselves, as State medical officials.
- e. The privilege, indirectly, of compelling every student of medicine to pursue his studies in manner and by means prescribed by their authority, and to take a diploma from their schools alone.
- f. The privilege of dictating a medical creed to every medical student and practitioner, not blessed with funds sufficient, or opportunity to secure a diploma from a chartered college.

3. It is an interference with the individual rights of practitioners of the healing art, as citizens of the State, in setting up a standard, in a branch of business not governed by an exact science, and in which there always have been, and always may be, differences of opinion.

4. It is an interference with the individual rights of the patrons and subjects of the healing art, in dictating, by State authority, how and by whom that art shall be exercised in their behalf.

5. It is an interference with the progress of the art and science of medicine, by limiting the scope of research and application of discoveries, to the narrow boundaries of a particular medical sect.

6. It is foreign to the purposes for which State authority has been created, in the assumption of responsibilities which belong entirely to the citizens in their individual capacity, and for the abuse of which they alone must suffer, not as a State, but as individuals.

7. It would be a necessary failure, in the attempt to furnish more learned, conscientious and successful physicians for the people, as in its very make up and *modus operandi*, it must be more of a Medical Inquisition than promoter of medical skill.

8. It would foster an idleness and carelessness in those once supplied with a diploma, when made to rest upon its recognition by the State, more than upon the recognition, in themselves, of real learning and faithfulness and skill by the people whom they are called upon to serve.

9. It would be a precedent that might soon be followed in religious and political affairs, and that would lead on to a complete despotism, in place of a republic, or to the more dreadful scenes of civil discord and anarchy.

OVERSTUDY AND ITS EFFECTS.—J. P. writes to the *New York Tribune*:
 ‘A year since I entered Cornell University, and by studying too hard and too late at night, at the end of the sixth week I was obliged to leave school. Often I studied till one o’clock, generally till eleven, and always rose at six without fail. The third or fourth week I was conscious of a heavy pressure on the top of my head, which increased in force, confusing my thoughts, driving away sleep and seemingly threatening to burst my head open, until at the end of the sixth week I was utterly prostrated. The physicians of Ithaca recommended me simply to rest. I taught a Winter school, but suffered more or less from my malady. Since then seven months have passed, during which time I have read but little and wrote but few letters, yet even now I cannot closely occupy my thoughts two hours in writing without feeling the same dull, heavy pressure on top of my head. Can you give me any information which will lead to my recovery? Please don’t neglect me.’

Editor’s reply as follows:—It may be too late for this unfortunate young man to do anything permanently beneficial for his health, but we print the letter as a warning to other students who in their ambition to advance in their studies imperil their health. We know two fine, promising young men, who studied themselves for life into the mad house. Horace Greeley died for want of sleep; Miles O’Reilly killed himself by taking stimulants to keep him still at work when he should have slept. The person who sleeps nine hours of twenty-four can’t do work enough in the remaining fifteen to injure his health. It seems a great pity that we can’t take sleep bottled up or in

pills, but we can't, and if we rob the brain of its due rest we rob ourselves of life. This young man, we advise to wed himself to the plow, the surveyor's compass, or buy a Trapper's Guide and explore the haunts of wild animals in the North-West—to do anything, in fact, that will compel him to lead an active, robust, physical life—and for books he should at the present study absolutely none, save a good work on physiology and hygiene, and his Bible. He should never have gone into the school-room to teach with such a malady at the core of his vitality. A Winter in the Hudson Bay region or the wilds of Texas, would have been far better for him than that. But let him and every other young man and young woman know, that he who breaks the laws of his body breaks the laws of God, and will soon or late suffer therefor condign punishment, “without benefit of the clergy.”

PLANTS IN SLEEPING ROOMS.—The question whether or not plants are unwholesome in a sleeping room has called forth a curious diversity of opinion. It is agreed that by day they emit oxygen, and are therefore eminently healthful; but it is generally believed that by night they give out carbonic acid, and are consequently prejudicial to animal life. Recent experiments by Professor Kedzie, of Michigan Agricultural College, may perhaps be regarded as conclusive on the subject. The professor analyzed volumes of air taken about noon from different parts of the college greenhouse, containing 6,000 plants, after it had been closed for twelve hours, and found that the carbonic acid amounted on the average to 1.39 in 10,000 parts. He then did the same just before sunrise, and found the average to be 3.94, thus, he thinks, clearly demonstrating that the accumulation of noxious gas was greater in darkness than in daylight. At the same time, however, out door air contains four parts of carbonic acid in 10,000. At the worst, therefore, the air in the greenhouse was actually better than “pure country air,” and the emission of carbonic acid gas was barely sufficient to counterbalance the production of oxygen during daylight. Professor Kedzie concludes that, these being the facts of the case where 6,000 plants are collected, a dozen or two in a bedroom cannot possibly be injurious.

COUGHING TIME.—The *Tablet* relates a story of a priest who had a coughing congregation, and who cured them thus: No sooner had he ceased to speak than, singular to relate, one cough after another died out until soon there was absolute silence in the church. Whereupon the father said something to the following effect: “My friends, I know that in this weather colds abound, and therefore it is difficult for you to refrain from coughing. Still it is impossible for me to preach and for you to cough at the same time. Let us come, then, to a mutual agreement, so that you may cough and I may preach without disturbing each other. I will speak say for five or ten minutes at a time; when I raise my handkerchief there will be an interval allowed for coughing. As soon as I let it fall I will resume my sermon, and you your silence.” The plan succeeded admirably.

THE HEAT THE HUMAN BODY CAN ENDURE.—During the reheating of the furnaces in an iron establishment in England, says the *British Journal of Science*, the men worked when the thermometer, placed so as not to be influenced by the radiation of heat from the open doors, marked 120 degrees. In the Bessemer pits the men continue a kind of labor requiring great muscular effort at 140 degrees. In some of the operations of glass making the ordinary summer working temperature is considerably over 100, and the radiant heat to which the workmen are subject far exceeds 212 degrees. In a Turkish bath, the shampooers continue four or five hours at a time in a moist atmosphere at temperatures ranging from 105 to 110 degrees. In enamel works men labor daily in a heat of over 300 degrees. On the Red Sea steamers the temperate of the stoke hole is 145 degrees. And yet in none of these cases does any special form or type of disease develop itself.

DIED—FROM THE WOUND OR THE NARCOTICS?—A Medico-Legal Society, of New York, has investigated the case of Fisk and Stokes, and come to the conclusion, from the nature of Fisk's wound, that Stokes shot Fisk with malice aforethought, not in self-defense, and that Fisk had no pistol when Stokes shot him. On the other hand Stokes did not kill Fisk. He died from the effects of the narcotics given him by the attending physician. One physician read three cases of gun-shot wounds in the abdomen which had recovered. The suggestion of another, however, was the most practical. He proposed that it be tested by Stokes' allowing somebody to shoot him just as he shot Fisk, and then seeing if he would recover without the aid of a physician. It should be agreed that if he lived, the doctors murdered Fisk, if he died, then he killed Fisk.

HERIDITARY TRANSMISSION OF VICIOUS HABITS.—(*Popular Science Monthly*.)—We find almost as effectual and continual intervention of heredity in the transmissions of passions and sentiments of a very different order—those which incline to vice. The liking for strong drink, habits of debauch, a passion for gambling, acquire in some persons a degree of force which can be accounted for only by some fatal organic predisposition derived from their ancestors. "A lady with whom I was acquainted," says Gama Machado, "and who possessed a large fortune, was possessed of a passion for gambling, and passed whole nights at play; she died young of a pulmonary complaint. Her eldest son, who was in appearance the image of his mother, had the same passion for play. He died of consumption, like his mother, and about the same age. His daughter, who resembled him, inherited the same tastes, and died young." The heredity of a disposition for theft, rape, murder and suicide, has been proved in several instances.

STORMS.—*Rate of Progress.*—Professor Loomis deduces from the weather reports of the last two years that the average rate of progress of a storm in January is 680 miles a day, and its average direction five degrees north of east; for February, 740 miles, and a direction thirteen degrees north of east; and for April 615 miles, sixteen degrees north of east.

YERBA DEL PERRO.—(*London Medical Record*).—At the meeting of the Biological Society of Paris on December 5, M. Rabuteau presented a new Mexican plant of a poisonous character, the *Yerba del Perro*, which had been sent to him by M. Victor Salet. He had tried its therapeutic properties on dogs, and found that they raced about, were much disturbed, had convulsions, and died in the short space of ten minutes.

The extract is very deliquescent. Eighty centigrammes (twelve grains) injected into the veins of a medium-sized dog produced the following effects. There was nothing remarkable until an hour had passed; at the end of that time, the dog barked a great deal, foamed very much at the mouth, and fell down in convulsions. These symptoms lasted during half an hour, when the animal died. This new plant produces symptoms analogous to strychnine, but the convulsions produced are of a different character. In the dog which was first experimented on, the pupils were enormously dilated; the brain was congested, but not the spinal marrow; the lungs were in a normal state.

This *Yerba del Perro* (dog-grass) belongs to the family of *Compositæ*; it has a wooly stem, and seems to be highly poisonous.

ALTITUDE.—*Consumption and Pneumonia.*—A German physician has observed that among populations dwelling at a high elevation above the level of the sea cases of consumption are very rare, while on the other hand, cases of pneumonia are very frequent. Having bestowed attention also upon the therapeutic effects of a change of altitude, he comes to the conclusion that a given increase of altitude produces always the same effect, whatever the altitude of the starting point.

COURAGE.—Gen'l Sherman says: "I would define true courage to be a perfect sensibility of the measure of danger, and a mental willingness to incur it, rather than that insensibility to danger of which I have heard far more than I have seen. The most courageous men are generally unconscious of possessing the quality, and, therefore, when one professes it too openly by word or bearing, there is reason to mistrust it."

JANUARY NUMBER OF THIS JOURNAL FOR 1865. We sent out a number of extra copies of this number as samples, and as we now need a number to make up complete set, we will thank any of our readers for return of this number (January No. 1865). We will gladly acknowledge the favor by paying its value, or sending some medical pamphlet in exchange.

BINDING.—In reply to several correspondents we are happy to say that we can get volumes of the *Observer* bound in *very neat style*, half morocco of any color desired, glazed paper or cloth sides, for \$1.25 each and return the volumes by mail *prepaid*. If sent by express (*freight not prepaid*) we can get them done at \$1.00 each.

TRICHINOSIS IN GERMANY. (*London Medical Record*.) The *Magdeburg Gazette* announces that in the town of Linden fifty-six persons died of *trichinosis*. None of the victims were more than thirty-two years of age. The *Gazette* protests against "the neglect of the sanitary service which might have saved fifty-six persons from a death, the occurrence of which is easily rendered impossible by a proper inspection of the food sold to the public. From the large amount of attention now paid to the subject of parasites and parasitic diseases at the English Veterinary College, it is clear that this duty of inspection ought to be performed by skilled members of the profession."

PROVINGS AND CURES.

BY E. D. WRIGHT, M. D., BEARDSTOWN, ILL.

SALIX NIGER.

(Black Willow.)

Took one-half ounce tincture in a day.

First day—gums sore, looseness of the bowels.

Second day—fever ; skin on the temples sore to the touch ; muscles sore and lame ; disposition to lay down and sleep.

CURES. Dose—1st attenuation, 1-100th part tincture, $\frac{3}{4}$ water, $\frac{1}{4}$ alcohol—a teaspoonful every hour.

Intermittent fever, daily and quotidian, chill and fever.

Erysipelas. Girl of twelve years ; great red blotches on the limbs and face—raised, shining, sore to the touch. *Cured in three days.**Cankerous sore mouth*—white spots, with offensive breath.

CEPHALANTHUS OCC.

(Buttonbush.)

Proving—one-half ounce in a day.

First day—raw, sore throat ; nervous, excited ; felt light and easy, happy ; bowels constipated.

Second day—the same dose. Hard dreams about fighting, quarreling : restless and tossing over ; joints of the fingers lame ; gripping pains in the lungs (?) ; in body and limbs, especially in the joints ; toothache ; bowels loose, stool offensive ; almost affected by the piles.

CURES. Intermittent fever, quotidian and tertian fever ; sore throat, quinsy - had very good effect.

Rheumatic fevers, with soreness of the flesh.

A teamster fell in the river. Cold, and inflammatory fever was cured quickly.

SCROPHULARIA.

(Carpenter's square.)

White flow of eight months standing.

Puerperal fever.

Case I. A miscarriage—treated three months by allopathy—patient low, not able to get out of bed. Gave one tablespoonful 1st atten. every three hours. In one week regained her health.*Case II.* Continued flowing, irregular in quantity, offensive. Treated three months by allopathy. Cured in two weeks.*Case III.* After the third day of confinement flow stopped—delirious. The medicine restored the flow—patient recovered rapidly.

FEMALE MEDICAL STUDENTS IN RUSSIA.—The *London Med. Rec.* says, that it is announced that fourteen female medical students have just completed their course of study, under the direction of the Ladies' Committee of St. Petersburg, and were passed after their full term of 3 years.

23—March, 1875.

COLD AND CLOTHING.—In a recent letter, (*Brit. Med. Jour.*) Mr. Robert Rawlinson has made some very pregnant suggestions on this subject. First—he lays his finger down distinctly on one of the greatest difficulties in heating and ventilation. The argument that if you heat a room by fires, there are currents induced betwixt the fire and the various crevices by which air enters the room, is unanswerable. If these crevices are all most carefully closed by listing, etc., the air of the room becomes foul, rebreathed, and laden with the products of combustion either of the body or the fire.

When the rooms are heated by hot-air pipes, etc., the temperature of the room is raised, but the ventilation is more imperfect than that of the most badly ventilated room in which there is an open fire. The difficulty lies in the combining a comfortably warm temperature with efficient ventilation. Mr. Rawlinson proposes that this difficulty shall be met by permitting air to enter a room in sufficient quantity, while the temperature of the room is kept much lower than is the custom, and the requisite body-warmth maintained by the wearing of thicker clothes in the house. There is so much good sense in this suggestion, that it seems strange that it should not only have not been made, but also been followed long ago; indeed, ever since we became aware of the properties of oxygen.—There does not certainly appear to be any absolute necessity for the maintenance of the present custom of wearing extremely light clothes in the house, and then having to add a large amount of clothing whenever it is necessary to go out of doors. The clothes then added are so heavy as to render all exercise a task. If stouter clothes were worn in the house, the additional weight of out-door apparel would not be so great, and a greater sense of fitness for exertion would be experienced when out. Again too, he alludes to the effect of cold air upon bronchial patients. The argument might be carried much further than he pushes it.

It may be stated, that a great proportion of the diseases experienced in cold weather are affections of the respiratory organs, and that sudden changes from heated rooms to cold external air, are the chief causal factors of this state of things. No competent authority would dream of disputing this. A well warmed room may be necessary in an acute bronchial affection, but in more chronic cases a less decided difference betwixt internal and external air is highly desirable. This can only be attained by diminished heating of our rooms and the adoption of stouter in-door clothing. Where such plan is adopted, there is much less disturbance in the thorax than where the ordinary plan is followed. Personal experience corroborates Mr. Rawlinson here, and those who try the plan will soon learn for themselves the truth of what he says.

A VICTIM TO DUTY.—The *London Medical Record* says: Advices from Tripoli contain the details of the death of Dr. Laval, staff-surgeon of the French army, who has recently fallen a victim to his disinterested labors during the late outbreak of plague at Benghazi.

It appears that M. Laval had taken advantage of a furlough to devote him to scientific researches in the regency of Tripoli. Hearing that the plague had broken out in the environs of Benghazi, he immediately hastened to that locality, where finding himself the only medical man and the only European on the spot, he in co-operation with the local authorities, promptly adopted measures to check the progress of the epidemic; at the same time devoting his utmost energies to the care and treatment of

the plague-stricken peasants. His unbounded devotion to his self-imposed duties unfortunately proved fatal to him. Attacked by the disorder he was attempting to combat, he succumbed to its effects with manly resignation after six days' illness.

The death of M. Laval naturally produced a profound impression of sorrow amongst the people whom he was so nobly trying to serve; the whole population of Benghazi, wishing to testify their regard for his memory, were present at his obsequies, which were celebrated with well deserved solemnity in the Catholic church of the place.

A SIGN OF THE COMMENCEMENT OF DIABETES.—Dr. Follet in *Revue des Sciences Medicales*, (says *London Med. Rec.* vol. ii., no. 70) states that a lady, aged 26, showed all the outward signs of the most robust health, but complained of feeling of weight after meals, accompanied by giddiness and hot flushes. But some of her fingers and toe-nails had fallen off, leaving the subungual dermis covered with a fine pink epidermis, showing no change whatever. There was no trace of inflammation in the matrix, around the circumference of the nails. The father of the patient, who was not syphilitic, had seen his nails fall off in the same way, without pain or suppuration; and 18 months after the appearance of this accident, he died of diabetes. The information induced M. Follet to examine the urine of the patient, in which he found six grains of sugar to the litre. In this case there was doubtless a circulatory disturbance analogous to that which in more advanced cases of diabetes, brings on localised gangrene of the hands and feet.

A SCIENTIFIC PRACTICAL JOKE.—In a little work entitled *Recuerdos de Humboldt*, (Recollections of Humboldt,) the author, Dr. Aristides Rogas, relates (says *London Med. Rec.*) what he terms *un incidente graciosa*, which happened to Humboldt at Calabogo.

On approaching the llanos he was very anxious to obtain information about the electrical eels, (*tembladores*) which abound in the rivers of the district. For this purpose he arranged to visit an eccentric student of the electrical science, who before the appointed time contrived with some ingenuity and great difficulty to place one of the animals in question *en rapport* with the knocker on his study door. The servant, as advised by his master, directed the illustrious visitor to rap, and on his doing so a discharge of electricity took place throwing him to the ground.

The narrator goes on to state that Humboldt received this practical information, as to the nature and amount of the electricity generated by the *tembladores*, with all the equanimity of a philosopher in search of knowledge.

RATTLESNAKE POISON.—In the *Southern Medical Record*, Dr. S. M. Rivers relates several cases of snake-bite, in one of which death took place within three hours after the reception of the poison. He describes the effects of the poison as those of a narcotic sedative, consisting of an intense burning of the wound, extending over the body to the top of the head;—vertigo, nausea and vomiting, dimness of the vision, irregular spasmodic action of the muscles; then delirium, relaxation, depression of the vital powers, and death by syncope. The only reliable remedy is powerful alcoholic stimulation in conjunction with ligatures above the wound, and suction by means of cups or the mouth directly over it.

LODGE'S HOMŒOPATHIC PHARMACY AT DETROIT, MICHIGAN.—After having carried on this business successfully for sixteen years, we have sold it to our son ALBERT LODGE, who has been Superintendent of it for some years, and who is specially qualified by education and taste to carry it on, and maintain the good reputation it has sustained for so long a period. We commend him to all our friends as worthy of their fullest esteem and confidence. Any persons having claims against the Pharmacy, are requested to forward the same to us at 355 Woodward avenue, Detroit, for adjustment, and all persons owing the Pharmacy, up to February 1st, are respectfully desired to make immediate settlement with me. All orders for Pharmacy supplies are to be sent hereafter direct to ALBERT LODGE, *Homœopathic Pharmaceutist, 59 Wayne street, Detroit, Michigan.*

E. A. L.

REMOVAL OF AMERICAN OBSERVER OFFICE.—For the past nine years we have had our office at 57 Wayne street, adjoining the Pharmacy, but having sold the Pharmacy to our son, Albert Lodge, we have removed the Observer office to 355 Woodward avenue, next to N. W. corner of High street, the former residence of the Rev. Dr. George Duffield, where we shall be most happy to see any of our friends who visit Detroit. Having now only our medical practice to attend to we shall be able to give the Observer still better attention than heretofore, and expect to issue every number with the utmost punctuality.

MEDICAL ASSISTANCE.—Its value.—Dr. Geo. B. Smith says: "Sometime ago I read an article in the Observer, by Dr. Gattschill, or a similar name—I have no time to find the name—which went to show that 98 per cent. of invalids would recover without medical assistance. It struck me at once, if that be true, Homœopathy as well as Allopathy must be all a sham, and I felt like having nothing more to do with it. I intended, if I wrote at all on this subject, to write at considerable length."

Let the Doctor write as fully as he pleases, we shall be glad to hear from him. In the meantime we may state, even if it were a fact that 98 per cent. of *acute* diseases would recover without the aid of medicine, that would not prove the worthlessness of Homœopathy. Many diseases that, unassisted, would last for weeks, are abridged to days; and many, such as dysentery, which, let alone would last ten days or more, may be cured in as many hours by our medicines.

CANADIAN SUBSCRIBERS will hereafter receive this Journal without any charge for Postage. Under new postal arrangements we can fully *prepay* their numbers from Detroit, and will take pleasure in doing so. In return we ask our Canadian friends to be prompt in remittances.

RECOMMENDATIONS.—We are in receipt of a large number of commendatory notices, which are most encouraging.

“DR. JOHN MALIN, of *Germantown, Philadelphia*, writes: “Please find postal order for the *Observer* and my warmest commendation of its character and worth. It has always borne good fruit and each year it comes with an increase of practical value.”

DR. E. G. COOK of *Buffalo*, says: “I want the *Observer* as I always peruse it with pleasure and profit.”

DR. W. L. CLEVELAND says: “I have the 11 vols. handsomely bound and can assure you that I use them for reference more than any other journal.”

DR. J. S. SHEPHERD, of *Petaluma, Cal.*, writes: “I cannot do without the *Observer* as long as I continue in practice.”

ONE SAYS: “I have just received last number of *American Observer*. I considered \$2.50 well spent when I subscribed for it, and I feel that next year will be better still. Such earnest workers never fail.”

DR. E. D. DOOLITTLE, of *Morristown, N. J.*, writes: “Permit me to say that, although I have been a subscriber to your Journal only for a short time, it is the Journal that is the most looked for and read with more interest than any other of the journals to which I subscribe; and now that I have once learned its worth I hope never to miss a number. Accept my best wishes for the future success of “*The American Observer*.”

DR. D. A. DAVIS, of *Saginaw City, Mich.*, says: “The *Observer* is ever welcome and always interesting.”

DR. T. S. GOODWIN, of *Port Richmond, Staten Island, N. Y.*, writes: “Regarding the *Observer*, I wish to say the dominion of therapeutical science over disease is constantly advancing, and in no channel so effectively as in that supplied by the professional journals, of which the *Observer* is the most stable and best adapted to its use.”

DR. E. A. FARRINGTON, of *Philadelphia*, writes: “Your Journal, excellent in its reading matter, prompt in its arrival, affords me pleasurable and profitable reading.”

DR. W. W. TYDEMAN writes: “*Knoxville, Tenn.*, Jan. 16, 1875. E. A. Lodge, M. D.—You have been very kind to send on the Journal for two years without remittance, or even thanks. I appreciate your kindness and confidence, and heartily thank you. What, with family, losses, etc., I have found demands for all the greenbacks coming to hand, but I must confess also to negligence. Enclosed is P. O. for amount of account rendered. May success in the future exceed that even of the past, as to the Journal and every other undertaking.”

DR. JOHN MALIN, of *Philadelphia*, says: “Please find postal order for the *Observer*, and my warmest commendation of its character and worth; it has always borne good fruit, and each year it comes with an increase of practical worth.”

DR. F. SEEGER writes: “Your January and February editions of *Observer* do you great credit. I have been much pleased to note a steady improvement both in its contents and appearance.”

ILLINOIS, *McDonough Co.* Dr. W. O. Blaisdell writes: “Homœopathy still lives in McDonough county. This is the third year the Board of Supervisors have placed me in charge of the County Alms House; also the city of Macomb. Last year only one patient died in the Alms House, and one in the city.”

Editors *Detroit Daily Post*, of January 1, say: “*AMERICAN OBSERVER*.—This homœopathic medical monthly for January is out, and opens the 12th volume in an attractive manner. It is published by Dr. E. A. Lodge, who is its General Editor also. The number before us contains 72 closely printed pages, and presents a varied and valuable table of contents. We know of no homœopathic publication which at all compares with it in completeness and value. It has a National reputation.”

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO, ILLINOIS.—The Annual Commencement was held February 11th. The Valedictory Address was delivered by Rodney Welch, A. M. M. D. During the term nearly six hundred lectures were delivered, about one-fourth of which were clinical. The class numbered 86. Graduates, 35.

GRADUATES.

Name.	Residence.	Title of Thesis.
Adams, Charles H.,	Illinois,	Periproctitis.
Bailey, Mrs. Annie E.,	Illinois,	Measles.
Ballard, Mrs. Laura A. S.,	Tennessee,	Medical Electricity.
Brace, Charles C.,	Nebraska,	Enteritis.
Cole, Louis S. M. D.,	Illinois,	Electricity in Consumption.
Cook, Charles W.,	Indiana,	Intermittent Fever.
Coombs, Lorenzo D.,	Wisconsin,	The Heart and its sounds.
Cowell, Mrs. Ettie R.,	Illinois,	Professional Lying.
Davis, Jno. J.,	Wisconsin,	Emphysema.
Donnelly, Geo. K., M. D.,	Missouri,	Reproduction of Man.
Dorris, A. H., A. M.,	Wisconsin,	Cholera Infantum.
Duncan, Frank,	Illinois,	Necrosis of the Tibia.
Elliott, L. W.,	Indiana,	
Fisk, Adelbert C.,	Illinois,	Peritonitis.
Gatchell, Horatio, Jr.,	Wisconsin,	Hygiene.
Grannis, Edward H.,	Minnesota,	Differential diagnosis of Cancer and ulcer of the Stomach.
Harris, John L.,	Michigan,	Report of a Case.
Hazelton, Chas. N.,	Illinois,	The Encephalon.
Hutchinson, Mrs. E. L.,	Michigan,	Food for Invalids.
Knowles, Hollis S.,	Iowa,	Cerebro-spinal-meningitis.
Lewis, Joseph, Jr.,	Wisconsin,	Scarlatina.
Livor, Jno.,	New Jersey,	Hospitals.
Ludwig, Charles H.,	Michigan,	Arsenicum poisoning.
Martin, Thomas M.,	Wisconsin,	Typhoid Fever.
Marshall, Emory J.,	Michigan,	Urea in the blood.
Mash, B. P.,	Illinois,	
Maxon, J. S.,	Wisconsin,	Pneumonitis.
Randall, Geo. W.,	New York,	Pneumonia.
Reynolds, Jno. W.,	Illinois,	Constitutional Diseases.
Rosenkrans, E. M., M. D.,	Michigan,	Food.
Schlæmilch, Albert,	Wisconsin,	Phlyctenula Ophthalmia.
Stephens, John R.,	S. Australia,	Hydatids of the Liver.
Welles, Angelo P.,	Illinois,	Hay Fever.
Williams, G. Weston,	Michigan,	Mental Hygiene.
Willson, William H.,	Wisconsin,	Diabetes Mellitus.

OTHER COLLEGES.—Reports of other Commencements and lists of Graduates are necessarily deferred until our next number.

DRUNKARDS AND DIPSOMANIACS.—(*London Medical Record.*)—In a work recently published, entitled *Alcoholism, its various Forms, etc.*, Dr. Magnan defines the difference between alcoholism and dipsomania. Dipsomania he states to be a form of instinctive monomania; whilst alcoholism is a poisoning. He quotes Trélat, who says that "drunkards are men who get drunk when they get the chance of drinking. Dipsomaniacs are people suffering from disease, who get drunk whenever they get an attack of their peculiar disorder."

MORTUARY EXPERIENCE OF THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY, of New York City, from July 18, 1868, to December 31, 1874.—Policies issued, 6,808; Deaths, 88. Homœopaths, 5,173; Deaths, 38. Non Homœopaths, 1,635; Deaths, 50. Or 38 deaths from 5,173 Homœopaths, and 50 deaths from 1,635 Allopaths.

E. M. Kellogg, M. D., Medical Director, says: "Our Mortuary Record needs no interpreter; it so plainly sets forth, each year with increasing emphasis, the soundness of our medical principle.

"The solidity of our assets is clearly shown by the interest receipts, which have more than sufficed to pay the death-claims during the year just ended; and we may add that all our losses have been paid promptly, and without a single case of litigation.

"This Company is now the standard-bearer of Homœopathy in the business world; and its increasing age and strength entitle it not only to the increasing confidence and support of the public at large, but specially of every member of that medical school, whose merits it so persistently and effectively advocates."

NO STATE MEDICINE.—In the Tennessee Senate, February 12, the bills for the protection of "State Medicine" in Tennessee were defeated by a vote of 22 against and 3 in favor.

"*The Republican*" very sensibly remarks:

"The Legislature has so much to do in doctoring up the finances, and getting the State credit in a healthy condition, it cannot stop to regulate the practice of physic. It prefers to let the people choose medical attendants and systems for themselves. If any mistakes are made and harm done in the exercise of choice, it is proposed to let the responsibility rest where it properly belongs—upon the people—who have the physic to take and the fees to pay.

The State is ready to charter colleges and societies for the improvement of medicine and the dissemination of a knowledge of it among its citizens, but it cannot afford to lend its power to any one class or kind of such institutions, nor to say that none may exercise the gift of healing, who have not diplomas or certificates from them, in all our wide commonwealth."

We trust that the fate which has attended the allopaths efforts in Tennessee, will meet them in all the other States.

The argument from which we make such copious extract in present number, pp. 169 to 173 had no doubt much to do in procuring the defeat of the State Medicine Bill.

INFLUENCE OF TEA AND COFFEE ON THE EXCRETION OF UREA.—Dr. E. Roux (*Brown-Sequard's Archives, Medical Times*), from a number of experiments upon himself, reached the following results:

1. In a person accustomed to the use of coffee indigestion of this article augments all the solid matters of the urine.

2. This augmentation is specially great in the urea and chlorine. The relative proportion of these two remains unchanged.

3. If coffee be used continuously a certain toleration for it is established, its effects being less marked, and the excretion of urea and of chlorine becoming normal.

4. The same effects, only in a less degree, follows the ingestion of tea.

LIVER DISEASES.—Dr. M. J. Chase, of Galesburg, Ill., writes: "In the main I find the American Observer true to our principles, but as I have just been reading the article by W. Morgan, M. D., "The Liver," and have been much interested in the same; yet when I read of a kind of Homœopathy that gives six (6) drop doses of Pod. Peltatum and Leptan. Virginica for 'simply torpor of the liver, it places me back, way back to the deadly shades from which I emerged some twenty years since, and I hate to go back there, most terribly. I think, as true homœopaths, when we prescribe we should find the veritable similia, and in doses to assist nature's efforts, and not produce medicinal disease. Will some of your able contributors give us more light on this all-important topic, that is, derangements of the liver?"

COLD WEATHER ALL OVER THE WORLD. (*New York Times*.) The winter of 1874-5 will certainly long be remembered by "the oldest inhabitant" as one of the most severe of the century. One who has not noticed in the newspaper reports of the world how generally the cold weather has been diffused, is apt to think that our own experience has been an exceptional one. But this is not true. Within the past few days we have published reports from nearly every part of the North American continent, showing a low thermometer and heavy storms. In New Mexico, the other day, a stage-driver, holding his reins, was taken off his box stone dead with cold. In Arizona semi-tropical heats have given way to uncomfortable cold, and snow falls in unaccustomed places. California plains are flooded by freshets, and the mountains are buried in snow. Although the overland trains have not been delayed, the cold along the Pacific Railroad has been great. In Wyoming spirits congealed in the open air, and snow-slides have caused much loss of life in Utah. The same is true of Canada. Sandwich Island papers complain that the natives, accustomed to airy garb, are shivering in the cool breezes, and Australian newspapers make the same complaint of their country. It has been a winter of cold in Europe, and of storms and disasters on the sea. We should hope never to see its like again.

HOW DOES SYPHILIS AFFECT THE PUBLIC HEALTH?—Dr. Sturgis (*Medical Times*) sums up as follows:

1. Syphilis is probably widely spread—possibly increasing in extent.
2. The excessive mortality of congenital syphilis is serious and alarming. Acquired syphilis is rarely fatal. The disease usually dies out with the second generation.
3. Acquired syphilis is comparatively harmless in fatally influencing the course of other diseases, but the fatality of congenital syphilis, in its influence over other diseases, is great.

The danger to public health lies more in the transmitted than in the acquired disease.

LOCATIONS.

PORT CHESTER, N. Y. A friend writes: "A smart and properly qualified homœopathic physician can find a splendid opening at Port Chester, in Westchester county, N. Y. The homœopath who practiced in it was killed some weeks ago by a passing train. Mr. B. F. Ashley, the editor of the *Port Chester Journal*, requested me to say to you that if you would call attention to this opportunity in the *Observer*, he stands prepared to back some good man who may decide to come. The place has some 5,000 or more population, many of whom are enthusiastic inhabitants, and in summer it has a greater or less influx of New York city people, who rusticate in and around the town. Port Chester is an hour from New York city."

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO. ILL., EDITOR.

EUCALYPTUS GLOBULUS.

(Fever Tree.)

BOTANICAL DESCRIPTION.—The *Eucalyptus globulus* belongs to the natural order of Myrtacæ, the same as the Clove, (*Carophyllus aromaticus*), the Cajeput, *Melaleuca minor*, and the Pimento, (*Eugenia Pimenta*).

There are over a hundred varieties in this genus, of which this is one of the noblest.

It often grows to a size simply gigantic, sometimes being three hundred feet high and thirty feet in diameter.

The wood is very dense and hard.

The leaves are green, growing on a short stem, are quite thick and leathery, with a well marked nervule through the centre, shaped like a spear, and curved something like a scythe-blade.

They grow in two distinct forms from opposite sides of the stem or branch, and consequently two leaves cannot be superimposed, unless taken from the same side of the stalk.

It is a native of the Australian and Tasmanian forests, but is quite easily acclimated in nearly all parts of the temperate zone. There seems to be a remarkable freedom from malarious diseases in any localities where these trees are grown. I would suggest that their cultivation on some of the malarious districts of our country, would not only be practical, but would do more toward preventing intermittents, than all our skill in the use of remedies can accomplish.

I believe the cause of it to be the effect of ozone being set free in the atmosphere, by the action of their peculiar aromatic emanations. The ozone being a destroyer of the malarious influence, whatever it may be.

The chemical analysis made by Cloez of the leaves, shows a small quantity of resin, and a large quantity of essential oil and tannin.

An essence called *Eucalyptol* has been obtained from these leaves; its chemical formula is $C_{20}H_{20}O_2$, being almost exactly the same composition of Camphor—boils at between 170° and 175° —its density is 0.905.

No immediate crystalized substance has yet been found. *Eucalyptol* has a peculiar agreeable odor resembling camphor, lavender and walnut, and is fragrant.

The taste is aromatic, but bitter and somewhat acrid, and excites the salivary glands.

24—April, 1875.

PHARMACEUTICAL.—The tincture is made by breaking the dried leaves finely, and to one ounce add two ounces of distilled water, and eight ounces of alcohol, allow it to stand seven days, filter and run up the 1st and 2nd dilutions with dilute alcohol, above the 2nd with alcohol.

It is also frequently used in decoctions, especially for topical application.—[DELAMATER, *Lecturer on Botany and Pharmacology, Hahnemann College, Chicago.*

The *Tasmanian Fever Tree*, (so called), was heralded as a specific for *ague*, or the various forms of malarious fever.—That you may know something of the history of this tree and its economic as well as medicinal uses, I quote from the *Scientific American*, Feb. 14, 1873, which says :—

“A question of considerable general interest was recently discussed at a meeting of the French Academy of Sciences. The subject was the remarkable sanitary influence of the *Eucalyptus globulus*, when planted in marshy grounds; and the tree in brief, it seems, has the curious and valuable power of destroying the malarious element in any atmosphere where it grows.

The species is indigenous to Tasmania, and is known among the colonists by the name of “Tasmanian blue gum tree,” on account of its dark bluish tinted leaves. Growing in the valleys and on thickly wooded mountain slopes, it often attains a height of 180 to 220 feet with a circumference of trunk of from 32 to 64 feet. The foliage is thin and oddly twisted, surmounting, with a thin crown, the top of the pillar-like stem. The wood exhales an aromatic odor, and after seasoning it is said to be incorruptible. For this reason, it is largely used in the building of piers, vessels, and other structures exposed to the ravages of the weather. It is largely exported to the aggregate value, an authority states of \$4,000,000 per year.

To the peculiar camphor-like odor of the leaves and the large absorption of water by the roots, is doubtless owing the fact of the beneficial influence of the tree. Where it is thickly planted in marshy tracts, the subsoil is said to be drained, as if by extensive piping.

Miasma ceases, we are told, wherever the *Eucalyptus* flourishes. It has been tried for this purpose at the Cape; and, within two or three years, completely changed the condition of the unhealthy parts of that colony. Somewhat later, its plantation was undertaken, on a large scale, in various parts of Algiers, situated on the banks of a river, and noted for its extremely pestilential air; about 13,000 *Eucalypti* were planted. In the same year, at the time when the fever season used to set in, not a single case occurred, yet the trees were not more

than nine feet high. Since then, complete immunity from fever has been maintained. In the neighborhood of Constantina, it is also stated, was another noted fever spot, covered with marsh water both winter and summer; in five years the whole ground was dried up by 14,000 of these trees, and the farmers and children enjoy excellent health.

Throughout Cuba, marsh diseases are fast disappearing from all the unhealthy districts where this tree has been introduced. A station-house again at one end of a railway viaduct, in the Department of the Var, was so pestilential that the officials could not be kept there longer than a year; forty of the trees were planted, and now it is as healthy as any other place on the line."

If this be true, the people of such States as are still plagued with ague should lose no time in planting these trees. They would doubtless grow well in southern Michigan, Ohio, Indiana, Illinois, Iowa, Missouri, and the Southern States, where their influence would be of incalculable value. I believe the seeds and young plants can be purchased in our large cities.—Some have been grown in California.

Dr. Siegen has lately studied the action of Eucalyptus globulus, with some experiments on fever, as reported in the *London Medical Record*:—

This subject has lately been investigated under the direction of Prof. Binz, of Bonn, by Theodor Siegen, (*Ueber die Pharmacologischen Eigenschaften von Eucalyptus Globulus*; Inaugural Dissertation.) The oil Eucalyptol having been proposed as a substitute for Quinine, experiments were made for the purpose of ascertaining whether it possessed the same antiseptic action which Quinine has been proved by Binz to possess. These showed that Eucalyptol is quite as powerful in this respect as Quinine, and like it prevents decomposition in albuminous solutions of blood, and retards the growth of fungi in solutions of Tartaric acid or Tannin, although they grow readily on moist Eucalyptus leaves. It hinders alcoholic fermentation much more than Quinine does.

Seigen quotes an interesting observation of Gimbert, who found that, after the injections of Eucalyptol into a rabbit, the blood which was afterwards withdrawn did not decompose and the body became mummified but did not decay.

Eucalyptol depresses the temperature of the healthy body even more than Quinine; 1.35 grammes (21 grains) of it reduced the temperature of a rabbit 2° Cent. (3.5° Fahr.) in one experiment, and 120 drops (4.2 grammes) lowered that of a

healthy man 5° Cent. (9° Fahr.), and that to in the evening when it would normally have risen. Four doses of 20 drops, taken at intervals of an hour, did not impair the appetite, but produced a sort of drunkenness, which in an hour and-a-half passed into mental depression and exhaustion, lasting for several hours.

The sweat had a perceptible odor of trimethylamine. But very little Eucalyptol appears unchanged in the urine, but a considerable quantity of resin is to be found in it. This resin diminishes reflex excitability of the spinal cord in the same way as Eucalyptol, but more slowly and less permanently.

Eucalyptol diminishes the temperature in fever as well as in health. Some very interesting experiments showed that several organic ferments produced a rise of temperature when injected into an animal. Among these were ferment obtained from fresh pus by Von Wittich's method, disastase, and ferment from the liver. The symptoms produced by the ferment obtained from pus differ from those caused by the injection of pus itself, the rise of temperature being considerable, but the general condition good, and the confusion and prostration produced by pus being absent. The rise of temperature which occurs after injection of these ferments, is due to their action as ferments, not to their mere presence in the blood as foreign bodies. This is shown by the rise being absent when the solutions are boiled before injection. Both the ferment of the liver and disastase induce such chemical changes in defibrinated blood as to cause a rise of temperature in it after the mixture has stood for one or two days.

Eucalyptol, like Quinine, hinders oxidation in protoplasm. From clinical experience, Siegen concludes that large doses of Eucalyptol are very beneficial in febrile diseases of the respiratory organs, especially in whooping-cough. Large doses (15 drops every two hours in a child eight years old,) produced no bad effects. In several cases the Eucalyptol acted as an anthelmintic. It ought to be given as an alcoholic solution.

There have been some provings made of Eucalyptus and some of its physiological effects noted.

Eucalyptol, a liquid camphor $C_{24}H_{20}O_2$, possesses almost all the active properties of the plant, which does not contain an alkaloid. When applied to mucous membranes, Eucalyptol excites congestion according to the strength of the application. A few drops produce a sensation of coldness in the mouth, whilst one or two grammes (15.5 to 31 grs.) excite disagreeable warmth of the mouth, and pain in the stomach and intestines. A small dose promotes appetite, a large one destroys it.

Gimbert employs small quantities of the essential oil on account of its antiseptic and stimulant properties in tooth-powders, gargles, eye-washes, and applications to wounds, especially unhealthy wounds. It can be given in capsules; and, by administering it with food, we avoid irritation of the oesophagus or stomach.

A moderate dose of Eucalyptol, 10 to 15 drops, at first accelerates the pulse, produces pleasant general excitement, shown by irresistible desire for moving about, and a feeling of buoyancy, increased appetite, strength, and sexual appetite.—It is an intoxicating medicine, but unlike Opium or a large dose of Alcohol, these effects are not followed by brutishness and torpor, but produce a general calmness and soothing sleep. Intoxication is not constant; often it only stimulates. M. Gubler says this excitement may amount to fever; and Gimbert believes that he has produced fever in a dog by subcutaneous injection. M. A. Sicard suffered from a severe attack of migraine after inhaling Eucalyptol. In one case, it produced cerebral congestion, with much excitement, and in another painful palpitation of the heart.

In the February No. of the *Monthly Homœop. Review* contains a communication from Dr. Fawcett, a physician residing in Australia, in which he narrates an experiment which he made upon himself with the drug. He took a decoction of "twenty leaves in a pint of water, allowing it to simmer until the quantity was reduced to one-half." Of this he took a tablespoonful three or four times a day. After using it several days he got the following group of symptoms:—

- (1.) *Eruptions* on the skin of a herpetic character; glandular enlargements; and foul, indolent ulcers. (See *group 6*.)
- (2.) Tenderness and burning sensation in the region of the stomach and bowels, with great heat in the rectum, which was followed by tenesmus with discharge of mucus and great prostration. Violent purgation and hæmorrhage from the bowels ensued. (In another experiment he had)—
- (3.) Rheumatic pains, jerking, tearing stitching—worse at night—(followed by)
- (4.) Burning sensation in the epigastric and umbilical regions, together with tormenting thirst, faintness, vertigo, dimness of sight; a sense of fullness in the head, with dull frontal headache, a tightness across the bridge of the nose, as if profuse epistaxis would set in.
- (5.) In both lower and upper extremities, pricking sensations were first noticed and followed by a painful aching in both arms and legs, together with a sense of fullness in the veins, and a stiff, weary sensation, as if too lazy to move. (The experiment four months afterwards caused)—
- (6.) Eruptions similar to *group 1*, together with swellings in different parts of the body. One below the nipple on the right side about the size of a filbert, the seat of stabbing and darting pains.

Dr. F. was requested to see a lad thirteen years of age, who appeared to be suffering from rheumatic fever. The usual remedies were of no service. On more closely examining the boy's condition, he found many nodular swellings over the metacarpal and metatarsal joints. He could neither walk nor carry anything without great pain. Noticing a similarity of the symptoms the Eucalyptus produced on himself, he accused the patient with having eaten the leaves of the tree, and on pressing him he found that he had eaten largely of the gum, and had chewed many leaves. Dr. F. believes that his symptoms were entirely due to the leaves and product of the Eucalyptus.

The fragmentary provings above narrated indicate that it will prove valuable in *dysentery*, probably malarial or catarrhal; also, in *rheumatic affections* and *scrofulous eruptions*.

By reference to the brief notice of Eucalyptus in the third edition of *New Remedies*, it will be seen that some of the pathogenetic symptoms there recorded are verified; that the clinical uses are similar to some of the symptoms elicited in Dr. Fawcett's experiments.

Dr. E. Burdel, Physician to the hospital at Virgnon, records in the *Revue des Sciences Medicales* the results of his observations on the action of Eucalyptus in the Solonge. The results of Dr. Burdel's first cases were recorded in the *Bulletin Generale de Therapeutique*, vol. lxxxiv., p. 409.

In the second note, now under consideration, upwards of thirty-three cases are reported, in which Eucalyptus was successful in eighteen instances. M. Burdell believes that he can now, after two years' experience, by bringing together the facts which have occurred under his observation, arrive at the following conclusions with regard to the employment of Eucalyptus.

The action of this remedy, which may certainly be considered a febrile, is slow and far from being always constant. In mild intermittent fever Eucalyptus is successful in four-fifths of the cases; in tertian, in three-fifths only; and finally, in quartan fevers, it almost entirely fails—that is to say, in eight-tenths of the cases.

In the seasons when intermittent fever is most frequent—that is to say endemic—relapses are much more common when Eucalyptus is used, than when recourse is had to Quinine. Relapses may, however be avoided by administering Eucalyptus more frequently after some days rest only, and in as large doses as the stomach will tolerate. This remedy is perfectly inert in palustral cachexia.

Finally, M. Burdell believes that in the second year of his experiments he obtained a rather larger proportion of cures and a smaller number of relapses, because he gave the Eucalyptus in conjunction with good wines, iron, and Quinine, and kept the organism up to its work by frequently repeated doses. Dr. Burdel administered the alcoholic extract of Eucalyptus in pills, each containing 15 centigrammes, to the number of from four to ten daily, according to the form of the fever, given twice during the day.

I have collected the published statistics of the use of Eucalyptus in *intermittent fever*, and find that when the drug was

given in appreciable doses a large majority were cured (four-fifths). It seems to be quite successful in agues previously treated by Quinine; and in old *ague-cachexias*, or rather *quinine-cachexias*. It seems adopted to agues of all types. In this respect it differs from Quinine and Arsenic, for in my experience the former is specially adopted to quotidian, the latter to tertian types.

A report of 135 cases of various diseases treated by Dr. Wooster, of San Francisco, California, exclusively with the flu. ext. Eucalyptus:—

Diseases.	Cases treated.	Cured.	Improved.
Remittent fever, - - - -	5	5	
Intermittent fever, - - - -	19	19	
Typhoid fever, - - - -	9	9	
Nephritis, - - - -	4	3	1
Diuresis, - - - -	10	7	3
Incontinence of urine, - - - -	3	3	3
Vesical catarrh, - - - -	27	25	2
Blenorrhagia, - - - -	13	10	3
Valvular disease of heart, - - - -	7		7
Dysentery, - - - -	4	3	1
Chronic diarrhœa, - - - -	13	9	4
Gonorrhœa—(syphilitic) - - - -	15	10	5
Dropsy, - - - -	6	3	3

Dr. Joseph Keller in the *British Mon. Homœ. Review*, reports the treatment of 432 cases of fever with tincture of Eucalyptus—of these, 310 (71.76 per cent.) were perfectly cured; and 122, (28.24 per cent.) required to be afterward treated with Quinine.

Of the 310 patients cured, no paroxysms occurred after the first dose in 202; in the remaining 108 there were one or more subsequent paroxysms, which, however, yielded to repeated doses.

The several types were represented as follows: Quotidian, complicated 117, simple 73, total 190—of which 67.89 per cent. were cured. Tertian, complicated 126, simple 75, total 221—of which 75.57 per cent. were cured. Quartan, complicated 16, simple 4, total 20—of which 75 cent. were cured.

No published reports of the value of Eucalyptus in homœopathic practice has yet appeared. Brief notices of its success-

ful use in certain cases, have appeared from time to time, but no systematic trials have been made. Some of you who practice, or will practice in a miasmatic district, ought to select a proportion of your cases, say one-half, and treat them with this remedy alone, in varying doses, from the tincture to the 3rd dilution.

Not only in *agues*, but certain *pernicious fevers* are said to have been treated by Eucalyptus with success. I should infer this from its physical qualities, as well as its physiological effects. It appears to me to be an analogue of Baptisia, Turpentine, Copaiva, Buchu, as well as China, Cedron, and other antiperiodics. I believe it will be found useful in *typhoid fevers*, *septic fevers*, and perhaps the *puerperal*, and others of a pyæmic nature.

Dr Seigen says, clinical experience shows it to be useful in febrile diseases of the respiratory organs, and in *whooping cough*. I have prescribed it in *bronchial catarrhs*, where it acts like Copaiva and Stannum. In *nasal catarrhs* it is useful internally and applied with a *douche*, (one dram of the tincture to a quart of water.)

It has acted as an *anthelmintic*, says Siegen. I have given it with good results in catarrh of the *bladder*. In one case it changed the frequent desire to pass urine, into infrequent urination, and "it requires some effort to start the urine"—as the patient expressed it, "the stream came slowly and required pressure."

Used as an enema in *leucorrhœa* it has had an excellent effect; also in offensive lochia. Experiments prove it to possess some of the powers of Carbolic acid, in preventing cryptogamic growths of a certain character. If malaria is the effect of certain spores of the *ague plant*, discovered by Salisbury and Bartlett, the Eucalyptus must prevent their propagation, for it is reported by travellers that they can drink the waters of stagnant pools in which the leaves have fallen, with impunity, whereas other waters in a near locality cause serious diseases.

Dr. McLean says "no remedy is so efficacious in allaying the pain, dyspnœa, sleeplessness and other sufferings in *aneurisms* pressing on the vagus and its branches"—also "in *cardiac asthma*."

E. M. H.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

SUBSTITUTION OF MEDICINES.

We have already remarked, that no two medicines produce precisely the same pathogenetic effects ; whence it follows, that no remedy can be a perfect substitute for another. But it frequently happens in the treatment of disease, that after a medicine has spent its action, the symptoms have undergone so little change, as to suggest the continuance of the same remedy. In such cases, the happiest effects are sometimes produced by the substitution of another, but similar medicine. The change in the symptoms, though slight, may be sufficient to point out an analogous remedy more pathogenetically appropriate ; but even when this is not the case, the new impression made upon the symptoms by the minor differences in the action of the two remedies, will frequently be found to exert a more beneficial effect upon the disease, than would result from the continuance or repetition of the original medicine. This is especially true of chronic maladies, in which, as already stated, care should always be taken to allow sufficient time for the remedy to spend its entire force ; after which, though there should be but a mere shade of variation produced in the symptoms, there can be no good reason for its continuance. Indeed, we would lay it down as an invariable rule in such cases, *never to repeat the same remedy*. The catalogue of medicines of similar pathogenetic action is now sufficiently extensive, to enable the practitioner to substitute an analogous remedy in all cases of this character. The same care, however, is necessary in the selection of a substitute, and the same rules apply, as in the selection of the original medicine, it being a supreme law in the use of all homœopathic remedies, that they should be capable of producing symptoms similar to those for which they are given ; and, secondly, that they should always be allowed to complete their action before being changed. No medicine, therefore, however analogous it may be, is ever to be substituted for another while the former is still acting, and not then until, by a comparison of all the symptoms, its homœopathicity is clearly established.

With due observance of the foregoing directions, substitution, agreeably to the order of succession contained in the following table, will, *as a general rule*, be found to be the best adapted for consecutive treatment ; the remedies named as being suitable *after* others being those to which a preference should be given over other medicines having analogous properties, but which sustain no such relation to the previous treatment. While, therefore, on the one hand, remedies should always be selected with reference to the totality of the symptoms existing at the time the selection is made, without regard to any definite order of succession in their administration, the subsequent treatment should be so conducted that their administration shall correspond with the order of succession here given :

TABLE II.—SUBSTITUTION.

REMEDY.	SUITABLE AFTER.	SUITABLE BEFORE.
ACONITE.	Arn. and Sulph.	Arn., Ars., Bell., Bry., Cann., Ipec., Spong., Sulph.
ALUMINA.	Bry., Lach., Sulph.	Bry.
ANT. CR.	.....	Puls. and Merc.
ANT. TART.	Bar. c. and Puls.	Bar. c., Ipec., Puls., Sep., Sulph.
ARSENICUM.	Acon., Arn., Bell., Chin., Ipec., Lach., Verat.	Chin., Ipec., Nux vom., Sulph. Veratrum.
ASA FOET.	Puls. and Thuja.	Caust. and Puls.
AURUM.	Bell., Chin., Puls.	Puls.
BELLADONN.	Hep., Lach., Merc., Phosphor., Nitric Acid.	Chin., Con., Dulc., Hep., Lach. Plat., Rhus., Stram.
BRYONIA.	Acon., Nux v., Op., Rhus.	Alum., Rhus.
CALC. CARB.	Chin., Cupr., Nit. ac., Sulph.	Lyc., Nit. ac., Phos., Sil.
CARBO VEG.	Kali, Lach., Nux v., Sep.	Ars., Kali, Merc., Phos. ac.
CAUSTICUM.	Asa f., Cupr., Lach., Sep.	Sep., Stan.
CHINA.	Arn., Ars., Ipec., Merc., Phos. ac., Veratrum.	Ars., Bell., Carb. v., Pulsatilla, Veratrum.
CUPRUM M.	Sulph., Verat.	Calc., Verat., Sulph.
HEPAR S.	Bell., Lach., Sil., Spong., Zinc.	Bell., Merc., Nit. ac., Spong., Sil.
IPECACUAN.	Acon., Ars., Arn., Verat.	Arn., Ars., Chin., Cocc., Ign., Nux vom.
KALI CARB.	Lyc., Nat. m., Nit. ac.	Carb. v., Petro., Phos., Rhus., Sul.
LACHESIS.	Ars., Con., Hep., Lyc., Merc., Nit. ac., Nux v.	Alum., Ars., Bell., Carb. v., Caust. Con., Dulc., Merc., Nux v., Phos. ac.
LEDUM.	Lycopodium.	China, Sepia.
LYCOPODIUM.	Calc., Silicea.	Graph., Led., Phos., Puls., Sil.
MERCURIUS.	Ant. c., Bell., Hep., Lach.	Bell., Chin., Dulc., Hep., Lach. Nit. ac., Sep., Sulph.
NITRIC ACID.	Bell., Calc., Hep., Kali., Nat. c. & m., Pulsat., Sulph., Thuja.	Calc., Petrol., Puls., Sulph.
NUX VOM.	Ars., Ipec., Lach., Petrol., Phos. Sulph.	Bry., Puls., Sulph.
OPIUM.	.....	Bry., Calc., Petrol., Puls.
PETROLEUM.	Nit. ac., Phos.	Nux vomica.
PHOSPHORUS	Calc. c., Chin., Kali, Kreos., Lyc., Nux v., Rhus., Sil., Sulph.	Petrol., Rhus., Sulph.
PHOS. AC.	Lachesis and Rhus.	China, Fer., Rhus., Verat.
PULSATILLA.	Asa f., Ant., Aur., Chin., Lach., Lycop., Nit. ac., Rhus., Sep., Sulph., Tart., Thuja.	Asafœt., Bry., Nit. ac., Sep., Thuja.
RHUS. TOX.	Arn., Bry., Calc., Con., Phos., Phos. ac., Puls., Sulph.	Bry., Phos., Phos. ac., Pulsat., Sulph.
SEPIA.	Caust., Led., Merc., Puls., Sil., Sulph., Sulph. ac.	Carb. v., Caust., Puls.
SILICEA.	Calc., Hep., Lyc., Sulph.	Hep., Lach., Lyc., Sep.
SPONGIA.	Acon., Hepar-sulph.	Hepar sulph.
SULPHUR.	Acon., Ars., Cupr., Merc., Nit. ac., Nux v., Puls., Rhus.	Acon., Bell., Calc., Cupr., Merc., Nit. ac., Nux v., Puls., Rhus., Sep., Sil.
THUJA.	Nitric acid.	Nitr. ac., Puls.
VERATRUM.	Ars., Chin., Cupr., Phos. ac.	Ars., Arn., Chin., Cupr., Ipec.

EXTERNAL APPLICATIONS.

Great difference of opinion still exists among homœopathists in relation to the extent, propriety and usefulness of external applications in the treatment of disease. Hahnemann himself regarded them as extremely prejudicial, both in acute and chronic cases, even when the applications were strictly homœopathic to the disease; and for the following reasons : (See ORG. §§ 185—206.)

1. *They are unnecessary.* If the remedy is truly homœopathic to the morbid symptoms, the disease will be cured by its internal use alone, if rightly managed.

2. *They are deceptive.* “For the simultaneous application of a remedy internally and externally, in a disease where the principal symptom is a permanent local evil, brings this serious disadvantage with it—the external affection usually disappears faster than the internal malady, which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult, and sometimes impossible, to judge whether the entire disease has been destroyed or not by the internal remedy.”

3. *They are injurious.* For if the local symptoms are not *suppressed*, as they are likely to be by local applications, “they may lead to the discovery of the homœopathic remedy suitable to the entire malady ; this remedy once discovered, the continued existence of the local affection would show the cure was not yet perfected, while its disappearance would prove that the evil had been extirpated to its very root, and the cure absolute.”

Our own opinion, fortified by experience, is this :—If the disease is highly acute, and the local symptoms very distressing, local remedies, of a truly homœopathic character, are always safe and beneficial ; *safe*, because, being homœopathic to the symptoms, they can only act in harmony with nature ; and *beneficial*, because the symptoms in such cases are always sufficiently well pronounced, to render any mistake in the selection of the proper curative agents unnecessary, while they often contribute greatly to the relief and comfort of the patient.

On the other hand, in the treatment of chronic maladies, local applications, as a general rule, are less necessary for the comfort of

the patient, less promotive of recovery, and much more apt to be attended by the evil consequences apprehended by Hahnemann. Hence we seldom make use of them in diseases of long standing, whether general or partial, but depend entirely upon internal treatment, which alone is capable of producing permanent and satisfactory results.

HOMŒOPATHIC REGIMEN.

Under this head we propose to point out, in a general way, the several kinds of food, drink, and external influences, which are and which are not allowable under homœopathic treatment. It is evident that as the homœopathic dose is exceedingly minute, everything should be excluded from the regimen, that is capable of exercising any medicinal influence upon the patient, however small. Hence, coffee, green tea, spiced chocolate, beer, wine, rum, gin, punch, vinegar and other acids, spices, medicinal roots and herbs, fat meat, especially pork, strongly seasoned viands and sauces, ice-cream and pastry flavored, old cheese, rancid butter, pickles, ducks, geese, and young veal, perfumery and other odorous preparations, as they act more or less medicinally, should be entirely prohibited during treatment, and for some time afterwards. On the other hand, all ordinary articles of diet, both solid and liquid, not included in the above list, and not too highly seasoned, may be used with moderation, at proper intervals.

In addition to the observance of suitable dietetic instructions, the practitioner should enforce proper hygienic regulations. Among these may be mentioned, the avoidance of long-continued confinement in close rooms, late hours, too much or too little sleep, unchaste habits, the reading of sensational or obscene literature, excessive labor, either bodily or mental, insufficient ventilation, sedentary or unhealthy occupations, and, in fine, everything which can act injuriously upon the health or retard the recovery of the patient.

Tobacco, in all its forms, not only antidotes homœopathic medicines, but, by lowering the tone of all the vital functions, greatly undermines the health, producing dyspepsia, hemorrhages, cardialgia, gastralgia, general debility, and many forms of visceral disease; at the same time it acts powerfully upon the brain and nerves, deranging their action, and consequently the functions depending upon

them. Hence, persons addicted to the excessive use of tobacco, are almost always subject to palpitations of the heart, vertigo, headache, weakness of the limbs, dimness of vision, loss of appetite, disturbed sleep, and general nervous prostration.

Coffee and green tea also act in a similar manner, and if used immoderately and in great strength, sometimes give rise to consequences scarcely less pronounced, or less serious. Both of these beverages contain nitrogen in large quantity, which overstimulates the brain and nerves, producing sur-excitation of the senses, and followed, sooner or later, by a corresponding depression of the nervous system, giving rise to a large train of functional disturbances, and greatly impairing the general health. Black tea, on the contrary, *if pure*, is not injurious to homœopathic preparations, and being far less stimulating than the green, may be used in moderation, in most cases, without injury ; but even this should be denied if it excites the nerves of the patient, as it does of some very sensitive organizations, especially when not accustomed to its use.

Instead of coffee and tea, water and fresh milk, or cocoa and milk, may be used ; and in cases demanding increased nourishment, clear milk, warm from the cow, is a beverage of the most wholesome character, alike suited to children and to adults. Cocoa shells, also, as well as pure chocolate, furnish a pleasant and refreshing beverage.

It follows that spirituous and malt liquors, as well as the so-called galenical preparations of the apothecary, are exceedingly pernicious, and should never be resorted to except in extreme cases; and even then, none but the purest wine or brandy should be used, greatly diluted, and in quantities so small as not to be followed by any marked reaction. In cases demanding it, a teaspoonful or two of sherry wine, or half that quantity of pure brandy, may be given in broken doses, properly diluted, but its effects upon the system will need to be carefully watched, and undue stimulation avoided.

The habitual use of spirituous liquors, even in moderate quantities, congests and inflames the lining membrane of the stomach, weakens digestion, and impairs, to a greater or less extent, the vital functions. Hence it sometimes becomes necessary in such cases, to raise somewhat the general tone of the system before the beneficial effects of medicines can be obtained. This can generally be best

affected, by giving wine or brandy in small quantities, largely diluted, being careful to observe the precautions above-mentioned. Persons enfeebled by old age, also, sometimes require similar treatment, before the system will respond satisfactorily to the action of medicines. This careful and judicious use of pure liquors, for medicinal purposes, is a very different thing from the indiscriminate and almost unlimited use of it under allopathic treatment, and still more, the fearful abuse of it as a general beverage, which such practice has tended to confirm.

As to malt liquors, though of undeniable benefit at first, in some cases of emaciation and debility, especially during convalescence from exhausting diseases, they are apt to derange the stomach, particularly if the digestive organs are enfeebled, and, by congesting the portal system, to increase the derangements and the weakness for which they are prescribed. They should, therefore, be used with the greatest caution, and always tentatively, bearing in mind their stimulating qualities, and their tendency to produce hepatic engorgement. Nevertheless, to persons accustomed to their use, especially industrious laborers, we should not hesitate to allow a single glass of pure beer, whenever such an amount of stimulation is not otherwise contra-indicated.

Soda-water, when properly made and flavored, is a pleasant and cooling beverage, acceptable to the stomach, and wholesome to the system. Fresh sweet cider and lemonade are also pleasant drinks, and not injurious during the heat of summer, if used in moderation; but, owing to their acid qualities, they should be strictly forbidden while the patient is under homœopathic treatment.

We have already indicated, in a general way, the various kinds of solid food which may properly be allowed to convalescents, and to a limited extent while under treatment; but preference should always be given to such as are the most nourishing and easy of digestion.

Fresh oysters are very easy of digestion, and so is wild game, such as squirrels, quails, rail birds, rabbits and venison. Partridges, wild ducks and common fowls, if not too old and tough, or too young, are of comparatively easy digestion, but do not suit all stomachs. Young and tender beef is always very digestible and nourishing, and

stands at the head of every kind of animal food. Mutton is not quite so easy of digestion as beef, but is very wholesome, and especially useful whenever there is any tendency to dysentery or chronic diarrhœa. Veal is less easy of digestion than mutton, especially if very young, besides having a tendency to cause diarrhœa; it should therefore be used very sparingly, particularly in the summer season. Pork, from the fineness and closeness of its grain, and the amount of fat associated with it, is the most difficult of digestion of all the meats, besides being more stimulating and less nutritious. Its use should be totally interdicted to all but laborers; and the health of the people would be greatly benefited if it were entirely banished from civilized life.

Scale fish, such as trout, perch, haddock, shad, bass, flounders, whitefish, carp, blackfish, pike and codfish, when fresh, are easy of digestion, and being rich in phosphorus, are well suited to consumptives, and persons suffering from nervous weakness. Eggs, also, are very nutritious, and when properly cooked, are of easy digestion. They should either be soft-boiled, poached, or scrambled.

Vegetable food, from the absence of nitrogen, is less stimulating than animal food, and therefore better suited to the summer season, hot climates, and plethoric persons. It is also better adapted to the earlier stages of acute diseases, and, indeed, is the only kind of diet that is generally admissable at such times. From its favoring a gentle disposition, it should always be prescribed when the temper is irascible and violent. Being less subject to putridity than animal food, it is better suited to a scorbutic condition of the system; but on account of its greater tendency to cause acidity, flatulency and stomachic weakness, it should be sparingly used in all cases likely to be injuriously affected by such qualities. Graham bread, rye mush, oat meal pudding, rice pudding, boiled grits, and stewed prunes and peaches, are not only nourishing and easy of digestion, but are particularly adapted to a dry and feverish state of the system, especially when attended with constipation. Farina, tapioca and sago are excellent articles of diet during the earlier stages of acute diseases, being less stimulating than most other kinds of food, and better tolerated by the stomach.

The following dietetic regulations should be observed at all times, whether in health or sickness :

1. *No food is fit to be eaten that is not sound and fresh*; that is, free from disease and decay. Rotten vegetables and putrid meat are prolific sources of disease, and should always be rejected.

2. *Food should be properly and sufficiently cooked*; that is, not too highly seasoned, nor simply parboiled or watersoaked, but so cooked as to leave it tender, juicy and nutritious.

3. *It should always be eaten with deliberation, and well masticated*; not bolted down in large masses, which is a very common cause of dyspepsia, and the numerous ills connected with it.

4. *Food should be taken into the stomach only at proper intervals*. The habit of eating at any and all times is very injurious to health. The stomach needs rest; and to get it, not more than two or three meals a day should be permitted. Invalids and valetudinarians sometimes require to partake of food more frequently; but in such cases the quantity should be correspondingly diminished.

5. *No one should ever eat to the point of satiety or repletion*. When the stomach is too much distended, digestion is slow and difficult; and disorder of both the stomach and bowels is not an unusual consequence of such indiscretion.

6. Lastly, and as a genenal rule, *no one should eat excepting when he is hungry, and should stop eating as soon as the sense of hunger is relieved*. This is a cardinal rule of dietetics, and should be observed by every one who is desirous of maintaining the integrity of his digestive organs unimpaired, or who aims to recover their tone and efficiency after they have lost them.

MEDICAL NOMENCLATURE.

Besides being divided into acute and chronic, diseases are distinguished as either *general*, *partial*, or *local*. This classification, though not founded upon any definite and well-grounded pathological distinction, possesses considerable convenience for purposes of reference, and we shall therefore avail ourselves of it in the description of diseases.

That the distinction just mentioned is not well-founded, we have only to instance the subject of *fever*, as treated in allopathic works, where it is divided into as many different forms as there are types of the disease, predominance of symptoms, or supposed causes for its production. Thus we have inflammatory, typhous and typhoid fever,

fever beginning as sthenic or inflammatory, and ending as asthenic or adynamic, intermittent, remittent and continued, cerebral, hepatic, gastric, or gastro-enteric, hectic, and so on, almost *ad infinitum*; what better illustration could we have of the absurdity of the old-school method of treating diseases *by names*, instead of recognizing them by their true distinctive characters—the *symptoms*—which is in fact the only practical method of distinguishing them, as allopathists themselves are compelled to admit, when they come to the consideration of the special forms of disease. And yet, when *we* make use of the only rational method of *treating* disease *by symptoms, instead of names*, they hasten to cry out, *absurd*. Well may we respond, “*O consistency, thou art a jewel!*”

We thus see, in marked contrast, not only the propriety of our method of practice, but the absolute necessity that exists for studying well the entire group of morbid symptoms in every individual case of disease, and not, from a few predominant symptoms that force themselves upon the attention of the most casual observer, adopt the *convenient* but indefinite and unsatisfactory method of classifying diseases under some of their many appellations, and then treating them in the usual routine manner *by name*. This is, indeed, a very *convenient* method for those who are too indifferent or too lazy to study, and are only anxious, by pandering to the prejudices of the multitude, to cover their ignorance under the cloak of learning. But this course will neither satisfy the conscientious physician, nor will it yield creditable results. Nothing short of a careful study and comparison of all the symptoms, will demonstrate the infinite variety of diseased action, or enable the practitioner to adapt his remedies intelligently to its many forms, in conformity to the great and unerring law of cure.

If, therefore, we shall so far yield to the common notions of disease, as to describe some of its principal varieties under the names by which they are generally known, we wish it to be distinctly remembered that we do so only for the sake of convenience, and not because we subscribe to the correctness of the nomenclature. Disease cannot be correctly classified by any combination of technical terms. It is correctly written only on the face of nature itself, by the multiplied and ever-varying symptoms which characterise it. Presumptious,

indeed, must that man be, whatever may be his claims to erudition, who attempts to portray in words the multiform phases of disease, and present them to us under the mantle of a learned nosology, as a full and correct delineation of disease. For ourselves, we shall attempt nothing of the kind. A few of the more prominent and common forms will be described, so far as the aid of such lights as recent pathology has shed upon them will permit; but we desire emphatically to admonish the student, that a knowledge of disease can by no means be obtained alone from books; and that the highest use to which they can be applied, is to serve as guides to its successful study at the bedside of the patient.

OBESITY AND POLYSARCIA.

BY J. MACPHERSON, M. D.*

Obesity is, like gout, scarcely a hospital disease, for in general the poor do not suffer from it. Systems of medicine scarcely allude to it: nevertheless, it is a disease that may result in death.

A young physician, M. Philbert, relates (according to an analysis of his brochure of the above title in *La France Médicale*, November 4th) his own case, and the treatment which has proved successful in it. At the age of twenty-six he weighed 24 stone, and his girth round the abdomen was 59 inches. His sleep was heavy, his pulse was regular, 72 beats. The action of his heart was natural, and the sounds a little dull; the appetite good, digestion quick, and bowels regular; there was great tendency to perspiration, especially at night. On July 15, 1869, he consulted Dr. Labat, who sent him to Marienbad, to the care of Dr. Schindler, who ordered him to rise at 6 A. M.; between six and half-past seven to drink three glasses of about 7 oz. each of the Kreuzbrunnen spring. At the end of three weeks, half a teaspoonful of the salt extracted from the water was added. Between seven and half-past eight he had the first breakfast, of two boiled eggs, a cup of tea, and a small roll of bread. The action of the water produced in the course of the morning two soft motions. From nine to ten o'clock he had a vapor-bath every second day, during the first three weeks; after that period, one every day. This bath was given after the following fashion: after sweating was established, friction with a glove, and then a douche of cold water; second sweating, friction with a soft brush; third sweating, stimulation of the skin by flogging it with a birch made of small twigs of poplar with their leaves on, and after this a last douche of cold water (this, after the fashion of the Russian bath); after leaving the bath, friction with

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vinegar of pine-sprouts ; promenade after the bath. At eleven o'clock he had a second breakfast, consisting of two plates of meat or fish, one of vegetables, a *compote* without sugar, half a bottle of wine, and two small rolls of bread. From midday to six in the evening he was ordered to stay in the forest and take as long walks as possible, without inducing fatigue. At six o'clock he had a dinner of one plate of cold meat, a *compote*, a half bottle of wine, and a roll of bread ; after dinner, a promenade. At eight o'clock he was shampooed with soap. At half-past eight he went to bed, and had cold compresses applied over the stomach. At the same time, morning and evening, five reducing pills, as they were called, with an alkaline base, were given. This treatment was borne well, and lasted for six weeks. At first the patient walked with great difficulty ; by degrees, as his weight diminished, exercise became easier ; there was sleepiness, but in a less degree. The thirst, which was excessive at first, diminished gradually ; when it was urgent at meals, some lemonade was allowed. At the end of the first week there was a loss of weight of 12 lbs., at the end of the second of 2 lbs., at the end of the third of 6 lbs., at the end of the fourth of 8 lbs., at the end of the fifth and sixth of 7 lbs. each ; altogether 42 lbs. in six weeks.

In the middle of September, M. Philbert carried out for a fortnight with Marienbad water, at home, a course identical with that just described, and continued to become thinner. He then went to Fontainebleau to try the grape-cure, which consisted in eating every morning, on an empty stomach, somewhat over 2 lbs. of grapes gathered from the vine, and in walking as much as possible. During the cure at Marienbad and at Fontainebleau all uncooked vegetables and fruit were avoided, lest they should bring on diarrhœa. By November 7th the weight was reduced to 20 stone, and at present the patient weighs only 14 stones, is in excellent health, and his embonpoint attracts no observation.

The most strikingly successful part of this treatment is the action of the waters of Marienbad. The chief constituents of a pint (sixteen ounces) of the Kreuzbrunnen are : sulphate of soda, 38 grains ; chloride of sodium, 13 grains, and about the same amount of carbonate of soda. The vapor-baths also are a powerful adjuvant. Although stout people usually belong to the higher classes, and can afford to travel abroad, yet there is no reason why they should not try a cure at home, by taking $1\frac{1}{4}$ drachm of sulphate of soda every morning fasting ; or they may try various French purgative or laxative springs, such as Brides, Chatel Guyon, Rouzat, Saint-Nectaire. (Of these I have little doubt that Saint-Nectaire, with the addition of a little sulphate of soda, would answer admirably.—*Tr.*)

The principal measures for reducing obesity come under four heads: 1. *Régime* ; 2. Hygiene ; 3. Exercise and Gymnastics ; 4. Waters with sulphate of soda. The basis of the *régime* rests on the prevention of the introduction of carbon into the system, or on favoring its transformation, and augmenting the amount of oxygen. The food must, therefore, be non-nitrogenous, varied with a few vege-

tables containing no starch, and some raw fruit. But the temperament of the patient must be kept in view. The lymphatic should have a red diet, beef, mutton, venison, hare, pheasant, partridge, etc., and the sanguine should have a white diet, veal, fowl, pigeons, oysters, etc. Vegetables, not sweet, or farinaceous, may be allowed : grapes, gooseberries, apples, etc. *Café noir*, tea with little sugar and the addition of a little cognac may be used. We must forbid sugar, butter, cheese, potatoes, pastry, rice, beans and peas, etc.

The hygiene consists in favoring the action of the skin, in wearing a tight roller to support the walls of the abdomen, in taking plenty of exercise on foot or on horseback, playing at billiards, fencing, swimming, gymnastics, etc.

The Banting treatment is not very different. It consists in abstaining from bread, butter, milk, beer, potatoes, pudding, and from sugar in every shape. It allows some biscuit or dry bread, every kind of fish except salmon, and every kind of meat except pork, all vegetables except potatoes.

Purgatives have a good deal to do with the success of treatment of cases of obesity, and some have thought Scammony as effective as sulphate of soda.

APHASIA.—(*The Christian*).—In the *Philadelphia Medical Times* Dr. T. D. Davis, of Dayton, Ohio, gives an account of a man who, for six months before his death, from tumor of the brain, suffered with *aphasia*. This gradually increased until he was unable to recall the name of the most familiar article. But the wonderful exception to this was, as Dr. Davis says, that “he could lead in prayer with a clear voice and well pronounced words. This was the more remarkable as he did not pray by rote, but framed new petitions each time.” Dr. Davis observes, in another part of his report of the case, that “he could repeat distinctly any word after you pronounced it, but would miscall the commonest article. Wanting his hat, he would ask for his boots, and be surprised when they were brought to him ; and it was sometimes impossible for him to tell his wishes without resorting to signs. But even in his worst stages he could frame and pronounce accurately a long prayer. He would arise from a well-worded prayer, and be utterly unable to name his children. His last words were uttered in prayer for them.”

This is one of the most striking instances of the preservation, in the midst of bodily and mental decline, of those faculties which serve the uses of the spiritual life. In old age, and near the approach of death, many have witnessed the closing, as it were, of the earthward windows and doorways of sense, along with the opening wider and wider of those that look towards heaven. We are thus reminded of Milton's lines upon his blindness :

“So much the rather, Thou celestial Light,
Shine inward, and the mind, through all her powers,
Irradiate ; there plant eyes, all mist from thence
Purge and disperse, that I may see and tell
Of things invisible to mortal sight.”

WHEN AND HOW TO USE MERCURY IN SYPHILIS.—Dr. J. Hutchinson (*British Medical Journal*) sums up an elaborate article expressing his own opinion upon the above practical inquiry as follows:

1) Mercury is probably a true vital antidote against the syphilitic virus, and is capable of bringing about a real cure.

2) In practice this real cure is proved by the restoration of many cases to good health, and in some by the renewed susceptibility to contagion.

3) The probability of cure depends upon the stage of the disease and the perseverance of treatment.

4) To secure the antidotal effect of mercury against syphilis, a considerable quantity should be introduced into the system, and its use be protracted for a long time.

5) Ptyalism, etc., should be avoided, as they prevent the sufficiently prolonged use of the remedy.

6) In those peculiarly susceptible to the use of mercury the dose should be reduced rather than the drug omitted.

7) Mercury should be resorted to at once in all cases in which a chancre shows a tendency to indurate.

8) Thus early treated many indurate chancres are never followed by secondary symptoms. In other cases in which secondary symptoms do occur they are milder than if allowed to develop without specific treatment. Further, the secondary stage is delayed. That secondary symptoms occur at all is proof that the remedy was not given with sufficient perseverance.

9) The risk of tertiary symptoms is in ratio of the severity and prolonged duration of the secondary stage.

10) There are grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others.

11) Mercury cautiously given does not, in most instances, do any injury to the general health, and its local inconveniences may usually be prevented.

12) The real antidotal effect of mercury in syphilis should lead to a more prolonged use of it in the hope of destroying all lingering germs of the malady.

13) Iodide of potassium possesses little or no efficacy either against the primary or secondary forms of syphilis.

14) It does not matter much whether mercury be given by the mouth, by inunction or by vapor bath, if care be taken to avoid salivation, purgation, etc.

15) The doses usually resorted to for internal administration are too large, and thus necessitate the premature discontinuance of the remedy.

16) If one form of administration does not succeed another should be tried, and in no case of difficulty should the vapor bath be forgotten.

CHLORAL IN THE PREVENTION OF SEA-SICKNESS.—(*London Medical Record*.)—Dr. Giralaldès has published, in the last number of the *Journal de Thérapeutique*, an account of the means by which he avoided sea-sickness during two passages to England and back. He was at Boulogne last June en route for London, when the weather was so rough that many intending passengers hesitated to cross the channel. Dr. Giralaldès was informed by a colleague at Boulogne that American physicians used the syrup of chloral as a preventive of sea-sickness with successful results. He therefore obtained some syrup of chloral, put himself into a quiet corner, and took his syrup directly the vessel was in motion, when, although his fellow-passengers experienced the usual unpleasant consequences, he arrived at Folkestone without having suffered the least inconvenience. The same results were obtained on the return voyage; but he increased the amount of chloral. He had again occasion to cross the channel at the end of September, by the night boat from Calais to Dover, and thinking with reason that the sea would be rougher at that season than usual, he had a draught made up composed of chloral, 3 grammes (45 grains); distilled water, 50 grammes; gooseberry syrup, 60 grammes; and

French essence of peppermint, 2 drops. He took half of the draught as the vessel left the harbor, and arrived at Dover without having suffered in the least from sea-sickness, whilst his companions were in the usual condition of prostrate misery. A very heavy sea was running. On his return from London on October 30, there was a high sea and much wind; he accordingly took the remaining portion of his draught, soon went to sleep, and only awoke on his arrival at Calais in the best possible condition. Dr. Giraldès remarks that he is, as a rule, affected by sea-sickness when he crosses the Channel, and that his two trials of chloral have convinced him of its efficacy as a preventive of that most disagreeable malady. He adds that he never goes down into the cabin, but makes himself as comfortable as circumstances will allow on deck.

LIFE AND DEATH IN PARIS AND LONDON.—(*London Medical Record*.) The municipal statistics of Paris just published show that from a population of 1,851,792, there were born in 1873, 55,905 children, 28,244 boys and 27,661 girls, being an average of 153 births a day, and a proportion of 30 children to every 1,000 of the inhabitants. London, of which the population (3,400,761) is not double that of Paris, shows more than a double amount of births in the same year. There were 41,732 deaths in Paris in 1873, comprising 21,380 males and 20,352 females, being an average of 114 deaths daily, and a proportion of 22.54 to every 1,000 of the inhabitants. Here again London contrasts favorably with Paris; the number of deaths registered in 1873 having been only 76,634 in a population of more than double the amount of that of Paris.

PLAGUE SPOTS IN A FASHIONABLE BOARDING SCHOOL.—A very sad account of the outbreak of an epidemic in a fashionable female seminary, known as St. Mary's Hall, in Burlington, N. J., has come to hand. Typhoid fever in a very virulent form broke out a few weeks ago in the school, and, already, several of the resident pupils have fallen victims to the fell disease. There were about 150 young ladies boarding at St. Mary's Hall one month ago, and now but thirty of these, whose friends reside on the Pacific Coast, remain. The relatives of the pupils are suffering much anxiety for their safety, and it is said that the parents and guardians of those dangerously ill intend to demand a full and rigorous investigation into the cause of the epidemic. Defective drainage has been hinted at as existing at St. Mary's, and, as this tends to generate typhoid fever in a great degree, it is likely the visit of the disease to the seminary was the result of negligence on the part of those who had charge of the establishment and who should be held strictly accountable.

CRIME AND CRIMINALS.—A remarkable instance of the propagation of criminals was related by Dr. Harris, of New York, at a recent meeting of the State Charities Aid Association. In a small village in a county on the Upper Hudson, seventy years ago, a young girl named Margaret was set adrift on the casual charity of the inhabitants. She became the mother of a long race of criminals and paupers, and her progeny has cursed the county ever since. The county records show two hundred of her descendants who have been criminals. In one single generation of her unhappy line there were twenty children; of these, three died in infancy, and seventeen survived to maturity. Of the seventeen, nine served in the State prison for high crimes an aggregate of fifty years, while the others were frequent inmates of jails, and penitentiaries, and almshouses. Of the nine hundred descendants, through six generations of this girl who was left on the village streets and abandoned in childhood, a great number have been idiots, imbeciles, drunkards, lunatics, paupers and prostitutes; but two hundred of the more vigorous are on record as criminals. This neglected child has thus cost the county authorities, in the effects she has transmitted, hundreds of thousands of dollars in the expense and care of criminals and paupers, besides the damage she has inflicted on property and public morals.

Reviews, Book Notices, etc.

THE PERIOD OF INFECTION IN EPIDEMIC DISEASE.

*By William Squire, M. D., M.R.C.P., F. and A. Churchill.
London: 1874.*

Alexander Collie, M. D., in *London Medical Record* reviews this work at length as follows: We cannot say, after a careful perusal of Dr. Squire's essay, that he has added much to our knowledge of the duration of the incubation-period in epidemic disease. Indeed, of the majority of epidemic diseases, such as typhus fever, enteric fever, small-pox and cholera, nothing of any importance is to be found on the subject of incubation; and what there is in reference to rubeola, measles, and scarlatina, is rather confirmatory than new.

• Of the duration of the period of infection in epidemic diseases, by far the most important question in reference to the spread of these diseases, the information afforded is not only very scanty, but in our opinion very incorrect. Dr. Squire divides infectious diseases into two classes; one consisting of diseases which have a long incubation-period, such as small-pox, typhus fever, and enteric fever; another comprehending diseases which have a short incubation-period, such as erysipelas, scarlatina, and cholera. Speaking of the first class, he says: "Infection continues with great intensity during the earlier convalescence. In small-pox, measles, mumps, and varicella, for a fortnight after the eruption the greatest care is requisite to guard against their spread; but many instances point to the infection of those diseases of slow ingress disappearing in a comparatively short time afterwards, so that three weeks may often suffice to terminate the persistence of personal infection; this, in small-pox, corresponding to the disappearance of the last pustular crusts." Now, as regards intensity of poison in typhus fever, this is simply, and without any qualification, the very reverse of fact. At no period of this disease do we think that the poison admits of being described as 'intense,' much less the period of convalescence. There is, we believe, excluding the infectious bowel-diseases, no disease whose poison can be so rapidly and completely destroyed, by the simple means of abundant supplies of fresh air, as typhus; and no infectious disease, individual cases of which may be attended upon with so much impunity. Attendants upon single cases of this fever more rarely contract it than under the same conditions they contract small-pox, scarlatina, or measles. Even when the poison of typhus is concentrated, as in the wards of fever-hospitals, it is rare for nurses, exposed as they are for twelve hours daily to the exhalations of twenty or thirty fever-patients, to succumb to the disease until after an exposure of from six weeks to two months. The present writer was exposed

to the poison of typhus for eighteen months before he contracted it ; and he has at present under his care a patient who resisted typhus poison in a highly concentrated form for ten months. Now if the infecting cause were 'intense,' the impunity described would not have had place ; and it cannot be said of small-pox, scarlatina, or measles that similar exposure has been attended with a like immunity. As regards the persistence of infection during the earlier convalescence of typhus, we dare say that of no infectious disease may it be affirmed with so much certainty as of typhus that, as soon as fever has gone and the appetite has returned, the patient, having been well washed and supplied with clean clothing, may be safely permitted to mix in society. There are here no crusts as in small-pox, no scales as in scarlatina, and no morbid intestinal products as in enteric fever. The proof of all this is simply the fact that, during early convalescence, typhus fever patients have again and again been sent from fever-hospitals to convalescent homes without infecting the other patients. To our own certain knowledge, early typhus convalescents have frequently, and in considerable numbers, freely mingled with enteric fever patients and with scarlatina patients without communicating the disease in a single instance. With these facts before us, we cannot help dissenting from Dr. Squire's statement on page 45, that typhus fever is the 'most infectious of diseases ;' nor can we think with him that Dr. Murchison's statement, that typhus convalescents do not spread typhus, requires any correction. But one statement in the quotation we have made from Dr. Squire's paper appears to us to require very serious correction, inasmuch as, if acted upon, it is reasonable, or at least wise to assume, that it would contribute in no small degree to the spread of the most infectious and most loathsome disease known, to wit, small-pox. Dr. Squire in effect says that personal infection may often disappear in small-pox in three weeks, and that this time corresponds with the falling off of the crusts ! This surely is dangerous doctrine. Would Dr. Squire recommend the mixing in society of desquamating scarlatina patients ? And yet, to let loose upon a community small-pox patients, as soon as their crusts had fallen off, would be about as safe as to let loose scarlatina patients whilst desquamation was actively going on. Dr. Squire appears either to ignore or to have forgotten the desquamation or desiccation which follows the fall of small-pox crusts ; and that *even in discrete variola* the *crusts* often adhere until the twentieth day on the face, and of course on the rest of the body a little later. 'There remains in their place,' says Trousseau, 'not a depression, but a projection of a violet-red color, deeper in shade if the individual be exposed to cold. On this projection a small scale of epidermis is seen to form ; this, after some days, becomes separated and is replaced by a thinner one, which in its turn falls off, and gives place to another ; and so on in succession during ten, fifteen, twenty, or even thirty days.'

Now, without maintaining that the poison of small-pox is retained in these scales and may communicate the disease, this much is clear,

that in the mildest form of variola, morbid products may continue to be thrown off the body, according to Trousseau, for nearly 2 months; and surely no sane man, with this fact before his eyes, would say that personal infection in small-pox (as far as appears from the paper, too, any kind of small-pox), will have ceased to exist in three weeks. We fear that the fall of the crusts is too often taken as the indication of the time when a patient may safely mix with his neighbors; and that in this way the disease is to no small extent propagated.

There are several curious statements in this monograph; for instance, the doctrine that 'measles is more common in winter and spring, because the pulmonary mucous membrane is then more susceptible;' and, that 'scarlet fever continues to be infectious long after all remnants of local morbid action have been removed.' One more is so characteristic of Dr. Squire's method of arriving at general conclusions, that we quote it entire. 'A midshipman of H. M. S. *Shannon* was put on the sick list 2nd May, 1857, for a wound of the foot; on the 7th of May he was attacked with febrile symptoms, which proved to be those of scarlatina. The ship anchored in Simons Bay, Cape of Good Hope, on the same day, not having communicated with the shore, or with any vessel since leaving England, on the 25th of February. The *Shannon* was at Portsmouth in February, 1857, when some children near this young man's father's house at Southsea had scarlatina. Here, although the infection had lain dormant for nine weeks, it becomes operative in the usual period of incubation, five days after a susceptibility is induced by the wound.'

Now, we venture to say that there is not a particle of evidence in the extract which we have made, to justify the conclusion that the midshipman referred to caught his fever, *if fever he ever had*, at Portsmouth. The evidence consists of a series of pure assumptions, to wit: first, that the infection had lain dormant for nine weeks; second, that the usual period of incubation in scarlatina is five days; and third, that susceptibility to scarlatina is produced by wounds. As regards the incubation period of scarlatina, the facts on the subject are unsatisfactory in the extreme. Aitken fixes this period at from eight to nine days. Trousseau says, 'This period cannot be rigorously determined in the present state of our knowledge.' (*Clinique Médicale*, tom. i. p. 100). Dr. Gee says of it, that it 'partakes of that irregularity which attends most of the points which go to make up the history of scarlet fever.' ('Reynolds,' vol. i. p. 153).

Barthez and Rilliet say: 'The facts in our possession cannot give an exact solution, for it is impossible for us to determine with certainty the moment of infection.' (*Maladies des Enfants*, tom. iii. p. 206). Vogel says: 'This period of time is not the same in all children; in most cases it lasts from six to eight days; important deviations from this ought to be received with great caution, inasmuch as during an epidemic it is rarely possible to fix the day of infection with absolute certainty.' (*Lehrbuch der Kinderkrankheiten*, p. 397). As regards our author's third assumption, where, we ask, is the evi-

dence upon which it is supported? And as regards the first assumption, why are we to believe that scarlatinal poison was absorbed at all, and where is the evidence proving communication between the sick house and the healthy house?

To ask one's assent to conclusions founded upon evidence of this sort is an insult to the human understanding.

The really valuable part of the paper is that which gives the cases illustrative of the duration of the incubation-period in measles and scarlatina; and of these, all that it is necessary to say is that they confirm previous observations.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA.

A Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by Timothy F. Allen, A.M., M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College. With contributions from Dr. Richard Hughes, of England, Dr. C. Hering, of Philadelphia, Dr. Carroll Dunham, of New York, Dr. Ad. Lippe, of Philadelphia, and others. Volume I., Abies—Atropine. Boericke & Tafel, New York and Philadelphia, 1874.

Open before us is a copy of Hering's Allentown *Fahr*, Hempel's *Symptomen Codex*, and Allen's *Encyclopædia*, and in every aspect they most unequivocally testify to the grand growth of our school.

For the liberality with which they have drawn upon the resources of the "art preservative" in the publishing of this *Encyclopædia*, we are all greatly indebted to the house of Boericke & Tafel. Indeed, the advent of this firm marks an epoch in the typographical history of our American homœopathic literature. This volume is the last instance of their enthusiastic zeal and untiring energy, and as the whole work will constitute their most stupendous undertaking, it will for all time remain a monument of their confident trust in the present development, and their unfaltering faith in the future prospects of the Homœopathic School.

When we consider the great need for this work; that our students could obtain only a compendium of *Materia Medica*; that our homœopathic *materia medica* material was accessible to only a fortunate few; that this material, to the very last fragment, was absolutely indispensable not only to further the progress of our school by increasing the resources of our art, but also to preserve the purity of our principles and insure the integrity of our practice; when to all

these considerations we add the plain fact that from no *one* library on this earth can all the material which is here presented be obtained, we cannot avoid the conviction that the price charged for the *Encyclopædia* is simply inadequate.

More than this, there are certain mechanical considerations in the "composition" of such a work which add markedly to the cost of producing, and therefore enhance the selling price; yet this work in a substantial half-morocco binding is supplied at a lower rate than W. Wood & Co. are charging for Ziemssen's *Special Pathology*. Surely, the Millennium is at hand, for we have found the bowels of compassion in even business men fully as long as those of the Good Samaritan!

While the publishers have provided a way in which we can discharge our obligations to them, we must avow so profound a sense of indebtedness to the editor as tends to embarrass the reviewer in the performance of his duty. Nevertheless, the exercise of the critical function in its integrity is a duty, and one which in this instance is two-fold: duty to the editor who essays to be a teacher, and duty to the profession who are to use this work when the issues are of life and death. In the face of such considerations neither editor nor critic are to be taken into account, for everyone, and everything, must give way to the naked truth.

It has seemed to us that, in this instance, the limits of criticism and the lines thereof are established by the very circumstances which occasioned this work. Those circumstances are: 1. The imperative necessity for a Mat. Med. text of absolute integrity. 2. The urgency of the need for a text at once complete in regard to the single remedy, and all-including as regards the sum total. 3. The demand for a work which shall be in accord with the most recent developments in this department of medical science, and by which we shall be willing that our present status be judged. We most assuredly believe that all these circumstances were recognized by the editor when he selected so ambitious a title as *The Encyclopædia*.

The integrity of the text involves faithful and accurate translation: not so much the letter of the foreign language, as its living spirit fitly clothed in the English dialect. This requires both exquisite scholarship and genius, for to so cunningly transplant an exotic as that it may reproduce its foliage, flower, and fragrance in a strange soil, is a feat as rarely accomplished as its performance is difficult.

The following instance does not indicate that nicety of translation which is attainable by all but 'prentice hands: "*One is compelled to make the eyes small, with pain in the forehead.*" Aloe, S. 151. This is an instance wherein the translator must not be the slave of the text; where he must get the spirit and not the letter of the prover's meaning. What avails it that he has followed the original text if the meaning is faultily expressed in the original? From one who enjoys a good reputation as an ophthalmologist we certainly were not prepared to expect such a sample of the unmitigated slipshoddy. Perhaps, however, we are too exacting with an editor whose contempt for "the pure well of English undefiled" leads him to write "poison cases" for cases of poisoning. This proclivity to indulge in vicious English is so evidently a "characteristic" of our editor that, as "what can't be cured must be endured," we recognize the necessity of leaving him, like Sir John Moore, "alone in his glory." Nevertheless, as silence is sometimes the equivalent of acquiescence, we shall enter our protest in simple self-defense. We shall place only one instance on record, and leave the gracious reader to infer that we have "spotted" the whole list. The instance is found on the first page of our editor's *Introduction*:

"These symptoms are recorded as facts, which, while the interpretation of their physiological action is as sure to change as physiology is to advance, will ever remain the same, and be re-read and re-interpreted with increasing clearness and satisfaction."

What, in the name of Haller, is the "*physiological action*" of a *symptom*? This is either nonsense, or Dr. Allen believes with Montesquieu that "language is given us to conceal our thoughts."

A critical examination of the text transcends our ability; and for this we must look to those who, by scholarship and the possession of the requisite literature, are happily qualified for its performance. This should be thoroughly done; and until it is done we have no assurance that in relying upon this work we are not sailing with errors in our chart.

On one point, however, we have assured ourself, namely: Dr. Allen has not always gone to the original source; he has failed to do this in instances where no insuperable difficulty prevented. In evidence, we cite *Amphisbæna* and *Aristolochia Milhomens*, which are transferred literally to the *Encyclopædia* from Hempel's translation of Mure's *Brazillian Pathogeneses*.

We deem this a breach of trust on the part of Dr. Allen. He

knew that Hempel has been found to be an inaccurate translator ; that he has not only wrongly rendered, but omitted ; and, more, Dr. Allen is well aware that Dr. Hempel's defects were cited as an argument for the compiling of this very Encyclopædia.

This was, indeed, a dangerous experiment for Dr. Allen to make, for if the profession withdraws the trust which it now reposes in the sincerity of his purpose, he has nothing left that will enable him to command their confidence. He must remember that his literary reputation is yet unmade ; that his fitness for the editing of this very work has been questioned by many, and is, indeed, as yet undemonstrated ; that every name on his publisher's subscription-list is simply the evidence of a magnanimous confidence generously given, and that by an unfaltering truthfulness only can the editor transform that which is now a compliment into a chaplet.

The critic's scent is as keen as the bloodhound's, and Dr. Allen may realize the truth of this assertion when we inform him that his resume of *Absinthium* is made up not from Dr. Gatchell's paper, as originally published in the *U. S. Medical and Surgical Journal*, but from a contribution, by an insignificant writer, to the *American Homœopathic Observer*, Vol. IX., p. 272. The endeavor to hide an "appropriation" by omitting the reference is one of the "tricks that are vain," and "honesty is the best policy" even in letters.

In regard to the completeness of Dr. Allen's text, we find ample evidence of hasty bibliographical research. While this is a defect which detracts from the *encyclopædic* character of the work, it finds an acceptable apology in the fact that this *Encyclopædia* is not the fruit of a long-pondered and well-matured plan for the carrying-out of which the editor had been engaged for years in preparing himself. As the product of some two years of preparation it is highly creditable ; but still there remains the difference between what it is and what it might have been, and this difference, although it does lie beyond the ken of the mob, is all that distinguishes good work from indifferent.

As a good instance of Dr. Allen's research we would call attention to *Tartar Emetic*. Only four years ago Dr. Hughes said of it :

"Strangely enough, though Tartar Emetic is so freely used among us, it has never been 'proved.' We have obtained our knowledge of its physiological action mainly from the records of the effect of large doses contained in the ordinary treatises on Materia Medica."

Dr. Allen's list of authorities shows, "strangely enough," that

Tartar Emetic had been repeatedly "proved" even before Dr. Hughes had written his *Pharmacodynamics*. From this somewhat voluminous list of authorities we miss two works which Dr. Allen could have consulted with advantage :

Illustrations of the Power of Emetic Tartar in the Cure of Fever, Inflammation, and Asthma; and in preventing Consumption and Apoplexy. By William Balfour, M. D. Second Edition. Edinburgh, 1819.

Études sur les effets thérapeutiques du Tartre Stibié a haut dose. Henry Gintrac. Bordeaux, 1851.

Dr. Allen shows us *Æsculus hippocastanum* in an amplitude which it never reached in the "New Remedies," and we take this as evidence that when he has gotten a good supply of material he is not averse to using it. This leads us to regret that in his bibliographical researches he should have overlooked the following works :

Lettera ed alcune osservazioni sulla febrifuga facolta dell'Ippocastano. Antonio Turra. Vincenza, 1780.

(This volume contains a history of the horse-chestnut from its first mention by Mistichellius to the date of Turra's writing ; and a copy of it is in one of the libraries which is as yet unvisited by either Dr. Freeman or the editor.)

Osservazioni sopra la facolta febrifuga dell'Ippocastano. F. F. Zulattus. Fierenze, 1782.

As these works, and especially that by Turra, would have enabled Dr. Allen to emphasize the "indications" for this remedy in fever and ague, our expressed regret is not a piece of mere pedantic sentimentality.

It will soon become evident to any one who is passably well-informed in medical literature that, as an editor, Dr. Allen is the most vulnerable in regard to his knowledge of old school bibliography. He exposes his shortcomings in this respect not only in regard to such information as pertains to the bookworm—for your "practical" man cares nothing for the past—but in the very line of research wherein, as an editor, he must chiefly expect to win his spurs, viz : an intimate acquaintance with the latest contributions to modern medical literature. For instance, he makes up *Apomorphine* for the *Encyclopædia* solely from the monograph by Bourgeois, Paris, 1874. As this necessitated only a little of the scissors-and-paste function, and

supplied withal some four pages of text, it was, doubtless, regarded as a meritorious transaction. But let us see: for, as the honest purpose of criticism is to teach something, mayhap we can show what is the duty of an editor.

The new organic base, Apomorphia, was discovered in April, 1869, by Dr. Matthiessen and Mr. C. R. A. Wright, while experimenting in the laboratory of St. Bartholemew's Hospital.

On the 14th of May, 1869, Dr. Samuel J. Gee read a paper, "*On the Action of a new Organic Base, Apomorphia*," before the Clinical Society. This contribution gives the effects of this substance on the healthy human organism, and the honor of priority belongs to it.

Later in the same year Dr. Gee published, in St. Bartholomew's Hospital Reports, Vol. V., p. 215, a "*Note upon Apomorphia and Chlorocodide*."

In the *British Journal of Homœopathy* for July, 1873, Vol. XXXI, p. 497, is a paper read by Dr. J. G. Blackley before the British Homœopathic Society:

"ON THE PHYSIOLOGICAL ACTION OF CERTAIN ALKALOIDS DERIVED FROM OPIUM."

Apomorphine is there treated of, and on page 499 Dr. Blackley gives bibliographical references to nine different physicians who have experimented with this agent upon man, cats, dogs, and rabbits. Dr. B. also gives a proving upon himself, one upon a patient, a good synopsis of the physiological action—but we say no more lest we detract from the pleasant surprise which awaits Dr. Allen when he reads Dr. Blackley's paper.

It must be an old-fashioned prejudice which required an editor to so saturate himself with his subject as to be master of it; for has not that Heraclitusian philosopher, Mark Twain, observed that he always writes best upon a topic concerning which he knows the least!

We may also ask why the editor of the Encyclopædia incorporates one of the Opium alkaloids and excludes others which promise to be equally valuable? *Apocodeine*, *Diapomorphine*, *Trimorphine*, *Tetramorphine*, *Tetrapotetramorphine*, and *Octapotetramorphine* certainly offer a seductive invitation to the editorial scissors in view of the ultimate effect of their introduction upon the rural practitioners.*

* "While words of learned length, and thundering sound,
Amazed the country doctors' ranged around;
And still they gazed, and still the wonder grew,
That one small head could carry all he knew."

Another instance of Dr. Allen's superficiality of research is shown in his treatment of *Anilinum*. "Poison cases" by this agent are, unhappily, by no means rare, and we can see in our editor's meagre "charcoal sketch" only an excuse for putting *Anilinum* in the "List of Remedies in Volume I."

If such *lacunæ* as these disfigured only so much of this work as is derived from old school literature, we might overlook them on the plea that "it is obviously beyond the power of any one man to do, in a limited time, all the clerical and other labor which this work has required;" but when we find that one of the grandest bulwarks of our own literature—the oldest Medical Quarterly in Great Britain—is ignored, we cannot be so complacent. To instance, as Audrey has it: In Dr. Allen's *Aranea diadema* we find no mention of Dr. Laville de la Plaigne among the *authorities*. Now if Dr. Allen will turn to page 678, Vol. XXV, *Brit. Jour. of Hom.*, he will find that the poison of this spider is said to cause *epilepsy and mania*. The complete paper can be found in *L'Art Médicale* for January, 1867. Dr. Allen has a file of this French journal; he also has access to Dr. Smith's copy of the *British Journal*, and how to explain this omission by anything but an uncomplimentary hypothesis transcends our best intention. In a word, if these occasions were rare they could be regarded as sporadic accidents, but as it is one is almost obliged to ascribe them to a special cachexy.

There is yet one quarry from which Dr. Allen has taken only a single stone, and that is the early American literature of our indigenous remedies.

Would any one imagine from reading the *Encyclopædia* that *Apocynum andros.* has a much fuller history in the records of the old school than was ever obtained by *Apocynum can.*; and must the full history of *Asclepias tuberosa* be ignored in favor of Savery's suspicious proving; and are the clinical hints concerning the virtues of *Arum tryphyllum*, vouched for as they are by good names, to be left in obscurity for want of a little research?

Arma virumque: Tools and a man to use 'em! writes the genial Dr. John Brown, and we are fain to iterate his felicitous translation. Our eyes find a new meaning in it when we look at Dr. Allen's bibliographical references to *Apocynum cannabinum*. Therein Dr. Knapp's *Inaugural Dissertation on Indian Hemp* is dated 1825. Now Dr. Allen excerpted such of Dr. Knapp's symptoms as are given in the *Encyclopædia* from *The American Medical Review and Journal*,

and on the very pages which give us the Inaugural Dissertation the date—April, 1826—is printed NINE times. The Inaug. Dissertation in pamphlet form bears the date “Philadelphia, 1826.”

This is not a single slip, for in *Absinthium*, p. 3, we find this reference: “Journ. of Psycholog. Med., 9, 525.” The correct citation is Vol. VI, p. 826. At the time when Dr. Allen wrote up *Ab-sinthium*, the journal he mis-cites had been dead more than a year, and Vol. 6 was the last issued. These are little things, but they justly lead readers to demand “Tools and a man to use ’em!”

In a work of the nature of this *Encyclopædia* completeness of text implies an explicit statement of the sources of the text. This imperative demand is not met by such a reference as “*t*, Toxicological.” The manner in which the “*Authorities*” are placed in this work is slovenly in the extreme. A properly arranged bibliography gives us an history of the development of a remedy, and at the same time awards the honor of priority to the deserving prover. It is, indeed, a matter of such importance that it should be done with a degree of fidelity not even second to that bestowed upon the elaboration of the text.

Does this work accord with the most recent developments in this department of science, and does it indicate our present status? Alas, the article on Alcohol furnishes a reply in the negative. In regard to this mighty agent, this two-edged sword, potent for evil and as puissant for good, this battle-question of modern physiological medicine, our editor, like an invertebrate Congressman, has most ignobly “dodged.” This is, indeed, the weakest part of the *Encyclopædia*, and the “symptoms” of *Alcohol* may well have been “incorporated with some hesitation,” and with an appropriate neglect to cite authorities.

We wish to say with emphasis that there is need in our school for a scholarly knowledge of the place and the power of this Upas of Civilization, because it was not so long since that the American Institute of Homœopathy escaped stultifying itself by an ignorant condemnation *in toto* of alcohol.

The disconnected schema of alcohol-effects which Dr. Allen gives can be of no use to “homœopathicians” because alcohol as a *dynamic*, that is in *c.c*’s and Fincke *m*’s, can not be had. At least the dilution-difficulty will present itself to ordinary minds: “materialists,” for instance. To those who have “potentised” *saccharum*

album; who can supply *Magnetis Polus Australis* in liquid; who have imprisoned the rays of both Sol and Luna in sugar pellets; to those, in short, for whom the laws controlling nature and regulating matter are held in abeyance, nothing is impossible; their faith (the evidence of things unseen) takes in the Universe, and after they have given us a dilution of *Lac. Anatinæ boschas* (*Anglice* "Duck's Milk") we may expect a trituration of the Milky Way!

Though this schema may show the homœopathicity of alcohol to pyretic, pyrogenetic, and pyæmic conditions, it can induce no one to employ it, *in justa dosi*, who could not have learned its use far more intelligently from the researches of the very men whose labors Dr. Allen so utterly ignores.

The erroneous teachings of Lallemand, Perrin, and Duroy, which had done ample duty in supplying bugaboo teetotal arguments, were set aside by the accurate investigations of Thuddicum and Dupré in England, and of Schulinus on the continent. This research it was which went so far to establish the validity of the conclusions previously reached by Anstie. In 1871 Subbotin claimed to have observed an elimination of so large a percentage of ingested alcohol *unchanged* as tended to give credibility to the statements of Lallemand and his associates; but Dr. Dupré, of Westminster Hospital, soon demonstrated the fallacy by which Subbotin had been misled. All this while Anstie was working on patiently and conclusively, and at this, the great work of his life, he died. In Professor Binz the school of Todd now finds the ablest scientific advocate of the question of the physiological action of alcohol, and any one who is interested can quickly learn what positive knowledge Dr. Allen has omitted to give, by consulting *The Journal of Anatomy and Physiology*, Second Series, No. XIV, May 1874.

The Encyclopædia is not abreast with the knowledge of to-day. It omits the contributions of Old School research in the line of the physiological action of medicines. It will not do to offer the puerile plea that physiology is constantly shifting ground, "advancing," etc. The records of research into the physiological action of drugs have this day enough of fact to enable the homœopath to "cover symptoms" more intelligently—to cover the spirit of the action of the remedy, and not the mere letter of the prover's record.

It will not do to seek to ignore this knowledge by saying that "the *interpretation* of the physiological ACTION of drugs is as sure to change as physiology is to advance." No one asks to have this

"interpretation" recorded in the *Encyclopædia*, but the "action," in that it is a "positive effect" of the drug, must find a place in the *Materia Medica* of him to whom the true "totality of the symptoms" is more than an empty sound or an emptier boast. We must include the results of these researches because every one of them testifies to the truth of our Law. Look at the chagrin of the old school when the Edinburgh Committee made the famous report which showed that Calomel is not a cholagogue. Oh, how this little truth galled the proud Philistines, and how sedulously have they ever since endeavored, by logic, not by experiment, to make the finding of that Committee appear "a lame and impotent conclusion."

Read Bogolowsky's researches into the physiological action of the silver nitrate, and then deny if you can that Grauvogl's doctrine of the carbo-nitrogenoid constitution is founded on a rock.

Remember, too, what Hahnemann taught in regard to the efficacy of China for profuse losses of animal fluids, and then say if Binz' studies of the Cinchona alkaloid has not added to your stature as a physician, and your intelligence as a "homœopath."

We must have these results of their research because *we*, as homœopaths, do not find in them those discrepancies and contradictions which so perplex and confuse their investigators. Because we relied upon Mercury in acholic conditions, we were prepared for the fact that this drug diminishes the biliary secretion, and not even the learning of Dr. Murchison—(*Croonian Lectures for 1873*)—can explain away the phenomenon.

But the editor of the *Encyclopædia* is by no means averse to incorporating the data of the physiological action of drugs: his *Apomorphine* bristles with observations on the pulse, respiration, and temperature, and we sincerely trust that in future volumes he will glean this field, for in it the reapers are many.

The *Encyclopædia* falls behind the demand of to-day in not giving the pathological anatomy of "poison cases." To be sure there be some who will deem the work all the more "homœopathic" because of this omission. Must we class our editor with such? Remembering his address before the Homœopathic Medical Society of the State of New York, we are at a loss for a reply. The word of the address

says no; the deed of the Encyclopædia says yes: being poor at conundrums, we give it up.

But this neglect only postpones the doing—for done it must be and will be. When Dr. Morrisson took the sphygmograph to write the pulse-trace of Lycopus, he rang the bell that ushered in the New Year of Homœopathy; and when the first physiological laboratory shall open its doors to students of Homœopathy, all the *objective* harvest will be reaped, and then, having both shadow and substance, who can say that our cure-work will not be more intelligently, if not more confidently done?

But all that is to be said concerning this pioneer volume may not be written in the *spiritus asper*, and we gladly drop the *rough breathing* to acknowledge the obligations under which the Editor has placed the great majority of English-speaking homœopathic physicians.

He gives us the early text complete; and we long since learned from Dr. D. Wilson, how severely Hempel had curtailed this in the *Symptomen Codex*. If the critical examination of our experts shall show that Dr. Allen has faithfully done only this, then has he fairly won the lifelong gratitude of everyone who has the welfare of Homœopathy at heart.

He is also furnishing a text-book for our students, and in the face of the crying need for this, their very bread of life, we deem the supplying of such a want as proud a privilege as is permitted to man.

He is, moreover, doing for us as great a deed as did Napier for the astronomers when he invented logarithms, viz: lengthening our lives by shortening our labors. Those who have followed, with a hop, skip and a jump, the proving of *Aloes* in the *Amer. Hom. Review*, and who can now read it continuously in this "Volume I," will readily get our meaning. In a word, when one recollects how widely, and to the great majority how inaccessibly, our proving-records are scattered, the feeling is that many offences must be forgiven in him who has essayed to place a reliable collection thereof in the hands of all.

Lastly, it must be remembered that this first installment is *first* work; facility will be acquired when our editor begins to "C" it.

There was, also, a clamor for a "sign," because when the work was announced the profession were as incredulous as the ancient Jews. Having given a sample of his metal and mettle, Dr. Allen can afford to take his own time. *Good work can never come too late : Poor work is forever too soon.* Let the forthcoming volumes be the very best that can be made, and let none of us forget that even if each of them shall exhibit such defects of omission and faults of commission as may be found in this, *it is still beyond all question the very best work extant in the English literature of Homœopathic Materia Medica.*

When the last spark of the critics little "pin-wheel" has faded from sight, may grateful remembrance be given to him who essayed, almost single-handed, to perform this great labor. Through the long hours of toil yet between him and the end, may he be sustained by a profound realization of the high privilege of feeding the hungry. When he is the weariest, may the hyssop and the gall of criticism prove *tonics* from their very bitterness, and may he feel in his heart that both readers and critics are ready and willing to hold up his hands.

S. A. J.

ENGLEWOOD, N. J.

ON FUNCTIONAL DERANGEMENTS OF THE LIVER.

By Charles Murchison, M. D., LL. D., F. R. S., Physician to St. Thomas's Hospital, etc. London : Smith, Elder & Co., 1874.

Dr. W. Bathurst Woodman publishes in *London Medical Record* the following review of this new book, which is of special interest.

In his Croonian Lectures at the Royal College of Physicians, in March last, which were reported in the *British Medical Journal* (and in the *Lancet*), Dr. Murchison has fully vindicated the claims of the liver to a large share of attention from pathologists and practising physicians. These lectures have now been reprinted, with additions, in a very neat form ; and some woodcuts of leucin, tyrosin, and other microscopic objects are inserted in the text. The functions which Dr. Murchison alleges the liver to possess are the following.

1. It is one of the organs mainly concerned in the process of sanguification ; not only as forming glycogen and fat, but as increasing the number of leucocytes (Bernard, Lehmann, McDonnell, Hirt, Weber, Kölliker, etc.), and probably of red corpuscles also.
2. It is not only a blood-forming, but a blood-destroying or puri-

ifying organ, and contributes in a great degree to the destruction of albuminous matter derived from the food and textures, and to the formation of urea and lithic acid, subsequently eliminated by the kidneys (Lehmann, Brown-Séquard Gréhaut, Legg, Bence Jones, Parkes, Cyon, etc.).

3. The next function of the liver is the secretion of bile. Dr. Murchison combats the idea that bile-pigment is formed in the blood, and believes that this, as well as the biliary acids, are formed by the liver. He thinks (with Dr. Carpenter) that about forty ounces of bile are a fair average daily quantity for a man of eleven stone weight.

These three functions, taken together, show that 'the liver contributes to the maintenance of animal heat, to the nutrition of the blood and tissues, to the development of white blood-corpuscles,' to the purification of the blood, the elimination of much nitrogen and carbon, 'the assimilation of fat and peptones; whilst some of the bile, in passing along the bowels, stimulates peristalsis and arrests decomposition.'

The functional derangements of the liver are classified by Dr. Murchison as follows:

1. Abnormal nutrition.
2. Abnormal elimination.
3. Abnormal disintegration.
4. Derangements of the organs of digestion.
5. Derangements of the nervous system.
6. Derangements of the organs of circulation.
7. Derangements of the organs of respiration.
8. Derangements of the urinary organs.
9. Abnormal conditions of the skin. [The reporter thinks abnormal conditions of the generative organs might well be added to this list, particularly in females.]

Under these various heads, the following conditions or diseases are shown to be caused or aggravated by functional derangements of the liver.

1. Corpulence.
2. Emaciation. [This paradox is well known to practical men, and explanations are offered by Dr. Murchison.] 'Diabetes also may be said to be, in most instances, a functional derangement of the liver. The various causes of glycosuria may be said to come under one of the three following heads; *a.* Imperfect glycogenesis in the liver; sugar swallowed and not assimilated, appearing in the urine; *b.* An increased conversion of glycogen into sugar; *c.* Diminished destruction of sugar.'

3. Phthisis and waxy disease, and other wasting diseases, are not improbably connected with some functional derangement of this organ.

4. Deficient elimination of urea, leading to convulsions, coma, and death [not cholestearæmia, but uræmia].

5. Lithæmia, or excess of uric acid in the blood. This word is

proposed by our author instead of Dr. Austin Flint's 'uricæmia'—it signifies what many people call 'masked gout,' and partially explains gouty dyspepsia, and gouty neuroses. Gout itself, urinary calculi.

6. Biliary calculi.

7. Many diseases of the kidneys.

8. Structural diseases of the liver itself, such as fatty liver, may result from long continued derangement of its disintegrative functions.

9. General tissue degenerations and constitutional diseases; [probably acute rheumatism, erysipelas, and sometimes pyæmia, chlorosis, and some other forms of anæmia.

10. Diarrhœa, and its opposite, constipation—intestinal hemorrhage—hæmorrhoids.

11. Jaundice, of which the following tabular view is given, though in a more extended form (pp. 96–98). A. Jaundice from mechanical obstruction of the bile-ducts; *a.* By foreign bodies within it; *b.* By inflammatory tumefaction of the duodenum or living membrane of the duct, with exudation into its interior; *c.* Obstruction by stricture or obliteration of duct, from various causes (five enumerated); *d.* Obstruction by tumors, closing the orifice of the duct, or growing within it; *e.* Pressure in the duct from without (ten causes mentioned, which may be reduced to four, viz., tumors and enlarged glands, aneurism, pregnancy, fæcal accumulations). B. Jaundice independent of mechanical obstruction of the bile-ducts; *a.* Poisons in the blood (fevers, animal, vegetable, and mineral poisons); *b.* Impaired or deranged innervation (shock, fright, anxiety, etc.); *c.* Deficient oxygenation of the blood; *d.* Excessive secretion of bile, more of which is absorbed than can undergo the normal metamorphosis (congestion of the liver); *e.* Undue absorption of bile into the blood from habitual or protracted constipation.

12. Numerous derangements of the nervous system, neuralgia, cramps, vertigo, convulsions, paralysis and coma, etc., and especially irritability of temper.

13. Disturbances of circulation such as palpitation, pulsatile aorta, intermittent pulse, angina pectoris, and venous thromboses.

14. Chronic bronchitis, spasmodic asthma, etc.

15. Eczema, lepra, psoriasis, lichen, urticaria, boils, carbuncles, xanthelasma (vitiligoidea) and pruritus are the chief skin-diseases attributed to liver-derangements.

Formidable as is this catalogue, almost as long as that of Homer's ships, and inclining one, if substantiated, to believe that 'Every disease is a disease of the liver,' Dr. Murchison has much that is pertinent to say on every one of these heads, and his own views on every subject are illustrated and supported, wherever possible, by illustrations drawn from the best British, American, and Continental sources, both old and new; some of the latter only published just before these lectures appeared. He inclines strongly to the view that liver-disease is often caused by mental and moral causes, and he writes eloquently against the abuse of alcoholic liquors which is so common in our days.

THE TESTIMONY OF THE EVANGELISTS, examined by the Rules of Evidence administered in Courts of Justice: by Simon Greenleaf, LL. D. New York, James Cockcroft & Co., 1874.

The title of this work gives a just account of its design, and that must be commended for its novelty and appropriateness. Its execution has been in the hands of the one most eminently fitted for the task. The "*London Law Magazine*" says that "Upon the existing Law of Evidence, by Greenleaf, more light has shone from the New World than from all the lawyers who adorn the courts of Europe." And this is not merely complimentary eulogy, but the tribute of praise most justly merited. That a writer of the highest authority in law, a Professor in one of the best Law Schools, a man whose opinions are received as authority in all our Courts, that such a scholar should have undertaken the task of writing this book, at once commands our respect. A mere cursory glance at the plan elicits our interest, and this grows with the perusal of every item. We pore over these pages of solid reasoning, cool thought, and just deductions, with the greatest satisfaction, and unhesitatingly commend the work to the attention of all our readers as every way worthy of their earnest study.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK, for the years 1873-74. New Series.

This is a cloth covered volume of 655 pages. The transactions of the different Medical Societies of the State of New York being no longer published as State documents at the expense of the State, it was feared that their publication would be discontinued. The appearance of the present volume dissipates such apprehension, and furnishes new proof of the value of such a vigorous and efficient organization as the Homœopathic Society of the State of New York.

Though not as liberally illustrated as the preceding volumes, it is well printed and the matter has been properly classified. The volume presents an abundance of interesting and valuable reading.

DOCTOR LOWE'S SACRIFICE; or the Triumph of Homœopathy, London. The Homœopathic Publishing Co., 2 Finsbury Circus, E. C. 1875.

A neatly printed 12mo. of 96 pages, cloth binding, presenting an interesting narrative in which the new and the old systems of medical treatment are strongly contrasted: the gentleness and success of the one, the harshness and failure of the other. "Less care has been taken to produce a telling tale, than to make accurate representations of the truth."

THE SANITARIAN: A Monthly Journal, A. N. Bell, Editor. New York, 236 Broadway, \$3.00 per year.

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Sanitary Science.

H. P. GATCHELL, M. D., KENOSHA, WISCONSIN, EDITOR.

BRAIN CULTURE IN RELATION TO THE SCHOOL-ROOM.

BY A. N. BELL, M. D.

Read, by invitation, before the Department of Superintendence of the National Teachers' Association, Washington, Jan. 27th, 1875, and reprinted from the Sanitarian.

Education is a primary necessity of man. It is by education that the organs of the body acquire accuracy in their movements. The senses of sight, hearing, taste and smell, all *learn* to act. And the earliest charm of infant life is to observe the progress of the education of the senses; to watch the study of a toy; to see the hands holding it at various distances, turning its different sides to view, tasting it, shaking it, and finally, when a little older, breaking it to see whence comes the noise. Who that has watched this process has not learned the first accomplishment of a teacher—to promote the education of the senses by the association of physical exercise, amusement and study? The passage from infancy to childhood is but an imperceptible step, marked by the continued expression of new experiences. Everything excites new impressions; everything must be examined with due deliberation—no hurry, no pressure, no fatigue. And during the while—aye, even during the whole period of waking hours—there is incessant motion. Nature has implanted in the young of all animals a pleasure in exercise, muscular action being not only necessary for strengthening the muscles, but also the bones to which they are attached. The actions of crying and laughing, the deep inspirations of sobbing and joy, both alike tend to develop and strengthen the lungs; and the active exercise of the lungs promotes and develops the action of the heart, which with increasing vigor sends the blood to every part of the body. In all this the brain participates to an extraordinary degree, requiring that the young mind be exercised with the utmost care. By experience and habit the child acquires judgment, learns to compare one movement with another, to direct its organs to special objects, to produce this or that action, to take this or that attitude for the accomplishments of its purposes; and all the subsequent capacity of the brain will greatly depend upon the care with which it is cultured during the period of growth. Imagination, perception and memory, faculties which are always preceded and determined by the sensations, are all the subjects of education, enlarged and extended in proportion as new excitements and impressions call them forth and give them application.

"Glancing broadly at the whole range of psycho-physical phenomena," observes Dr. Tuke, "it is clear that it would be taking a very contracted view of the relation between mind and body if we did not include in this relationship a reference to the inseparable *nexus* existing between the two, arising out of the fact that the organ of the mind is but the outgrowth and ultimate development of the tissues and organs of which the body itself is composed; that it not only unites them in one bond, but is in truth a microcosm of the whole."*

Of all parts of the human body, the brain is the last to gain maturity. According to Owen, "the brain has advanced to near its term of size at about ten years, but it does not usually obtain its full development till between

*Influence of Mind upon the Body, in Health and Disease. By Daniel Hack Tuke, M. D., M. R. C. P. p. 23. Philadelphia: 1873.

twenty and thirty years of age.”* While the brain has not usually more than *one-fortieth* of the weight of the body, it receives about *one-fifth* of the whole volume of the blood. It is scarcely necessary to state, in this connection, that every organ and tissue of the body is nourished by the blood, and that upon the supply of it and the *condition* of it, nutrition and development, for weal or for woe, depend.

During the period of growth there is not only the development of new parts, but, in the brain especially, a change of structure going on until that degree of perfection has been attained which is necessary to the exercise of all the functions. Hence this period is characterized by extraordinary functional activity in every part of the body.

It is this which makes the demand of food so much greater during the period of growth than in after years. Not, however, that the larger proportion of food in demand is wholly required as new material applied to actual increase, for that bears a very small proportion to the amount which is required for constant renewal which the increase involves; but the extraordinary functional activity in disposing of it, and the corresponding necessity for replacing the waste in the building-up and perfecting the structure according to the original plan. For it is characteristic of every living thing to follow out a certain inherent type or pattern, subject, of course, in some degree to modification under the influence of external conditions, or when these are aggravated, to acute disease and death; but such circumstances do not effect a permanent change in the original design. During the period of growth and change of structure the modifying influence of external conditions is most strongly marked. The constitution of the individual adapts itself to the circumstances, and becomes fixed for the life-time. So that if a child of originally healthy constitution be subject for a considerable length of time to such injurious physical conditions as produce a tendency to disease, unless the conditions are speedily changed, the effect is to establish a constitutional weakness or disease, not only during the life of the individual, but it may be a *diathesis* with hereditary qualities for several generations. For when the modification of the individual is once fixed in the growing brain it becomes part of the general fabric; the different organs adapt themselves to the change, and the condition is maintained by nutritive substitution. On the other hand, constitutional vices contracted during the period of growth may be gradually overcome in the progress of new generations; and, by a continued subjection to healthy surroundings, the normal type regained. It is apparent, therefore, that the changes of growth and structure are all effected by, and through the circulation of the blood; its condition depends upon the air we breathe.

Air, everybody knows, is the absolute necessity of every living thing. It is the very first element of our bodily tissues, and breathing affords three-quarters of the nourishment of our bodies; and the other quarter, which we obtain in the form of solid and fluid aliment, is also in great part composed of oxygen, nitrogen, and carbonic acid,—the elements of the atmosphere. Chemically, the air consists of a mixture of two kinds of gases,—oxygen or *vital air*, and nitrogen, in the proportion, by volume, of one-fifth of the former to four-fifths of the latter; and besides these, carbonic acid, or *fixed air*, which exists in the free atmosphere in the proportion of about four parts to ten thousand.

In the small proportion in which carbonic acid exists in the free atmosphere, it produces no evil effects; but in larger quantities it is not only dangerous, but frequently fatal. Being heavier than the other gases of the atmosphere, it is usually found in excess in low or confined places, such as mines, grottoes, and wells, and in the holds and steerages of ships, and in unventilated apartments generally. Under all such circumstances it is more or less dangerous to life.

*Anatomy of Vertebrates. By Richard Owen, F. R. S., Vol. III. p. 144. London: 1898.

The bad air at the surface of close rooms is carbonic oxid, the product, usually, of burning gas and bad arrangements for warming. This being the lightest of the deleterious gases in close rooms, rises to the surface.*

Pure oxygen will sustain life but a short time, owing to its stimulating qualities; it requires dilution, which seems to be the purpose of nitrogen, which cannot sustain life at all, and alone is deadly from its negative qualities. Carbonic acid pure, is not respirable. If an attempt be made to inhale it, the glottis closes and prevents it from entering the lungs. When diluted with twice as much or more of air, it ceases to produce that effect upon the glottis, and is permitted to enter the lungs and the blood, and acts as a narcotic poison directly upon the brain. It is not possible to state how large a proportion of this gas may be present in the air without danger; it doubtless differs with different individuals. By experiments on animals it has been shown that an atmosphere containing five per cent. of carbonic acid is fatal in about thirty minutes.

Facts abundantly prove that respired air, or the air of occupied apartments containing of carbonic acid more than one volume per 1000, is dangerous to health. Such air contains, besides the excess of carbonic acid, not infrequently, the more deadly carbonic oxid, dead and decomposing animal matter and other mephitic gases and exhalations arising from defective sewerage or vaults, but it is besides deficient in its very first life-sustaining property, oxygen.

The average amount of oxygen consumed by a healthy individual is half a cubic inch to every respiration, which in a day amounts to upwards of twenty-five cubic feet. And as oxygen constitutes but one-fifth of the volume of the atmosphere, a single individual renders one hundred and twenty-five cubic feet of air unfit for respiration every twenty-four hours, by the abstraction of oxygen alone. Meanwhile there is exhaled by the lungs about fifteen cubic feet of carbonic acid, thirty ounces of watery vapor, and an indefinite amount of organic matter, variously estimated at from 10 to 240 grains. The whole quantity of air actually respired in twenty-four hours by a healthy person is about 400 cubic feet. This contains, when once passed through the lungs, about five and a half per cent. of carbonic acid, or *more than one hundred times as much as did when it entered them.*

It is plain, therefore, that in order to reduce respired air to the same standard of purity it had before it was respired, and to keep it so, the supply of fresh air must be at the least equal to one hundred times the volume of that which is thrown out, and upon this condition rests the importance of air space—the space required depending upon circumstances.

For various practical purposes the limits of space may vary from 300 to 4,000 cubic feet—the smallest proportion being the exaction for lodging-houses, and the largest for hospitals—making the allowance in all cases for space occupied by furniture. And no deviation whatever should be made on account of children, whether in regard to the different members of a family or a school-room. The smaller the space the greater the necessity of, and the larger the opening required for the admission of fresh air. If two or three hundred cubic feet only be allowed to the individual, the air must be changed every fifteen or twenty minutes, provision for which necessitates a draught, and in cold weather, great waste of heat; hence it is evident that the danger of “taking cold” in a small room, if it is kept ventilated, is much greater than it is in a large one. To reduce the gaseous components of respired air to their natural proportions and to neutralize its deleterious qualities, every person requires from 2,000 to 2,5000 cubic feet of fresh air every hour. To admit this amount of fresh air into a room is not so difficult as persons generally suppose. It has been calculated that with ordinary exposure, an open space equal to five inches in the square, will admit the passage of 2,000 cubic

*Specific gravity: oxygen (unit), 100; atmospheric air, in the aggregate 1105.63; nitrogen, 971.37; carbonic acid, 1524.5; carbonic oxid, 971.2.—*Graham.*

feet of air hourly; this of course implies that there should be an equal amount of open space for the escape of the air displaced. If, therefore, an ordinary window of three feet wide be open about an inch and a half at the top, and there be a chimney flue in the room, the purpose is accomplished. Or the same by two windows on opposite sides of the room; or, it may be by crevices equal to this space about a door, in co-operation with one window. The multiplication of persons, it is plain, requires a corresponding multiplication of means.

In the aeration of the blood, the organs of circulation and respiration are both no less essential to the maintenance of life than they are to each other. Their combined functions constitute the only means of admitting air into the body. And these functions must co-operate and be maintained without intermission for one single minute, from birth until death. And yet they have rest; the heart reposes about one-fourth of its time, and the lungs about one-third; but the periods of repose are too short to allow of any escape from a dangerous atmosphere. The amount of blood in the human body constitutes about one-eighth of its entire weight, but it is variable within certain limits, depending upon the time and amount of food taken. Air is drawn in by the lungs through the windpipe or trachea, which divides and subdivides into numerous smaller tubes leading to the air cells, which in the aggregate constitute the lungs, situated, one on each side of the chest, and the heart between. The number of the air cells has been estimated at seventeen millions, presenting a surface, if spread out, equal to about 22,000 square inches, or thirty times the surface of the whole body. The lining membrane of the air cells attenuated to the thinness of a cobweb, is the medium by which the air communicates with the blood. But the air in the lungs is not wholly changed with every breath. It cannot suddenly penetrate the membrane which separates it from actual contact with the blood, and effect the required change in a moment. On the contrary, the air cells are constantly full, the quantity contained being from 20 to 30 cubic inches, and of this the amount changed with each breath is only about one-tenth. Each fresh supply mixes with that which remains, and the change goes on incessantly, while that which is breathed out, although about the same in quantity, is, as already shown, very different in its properties. If the walls of an air cell be examined with a microscope, it will be found to be covered with a net work of exceedingly small blood-vessels, called capillaries, but much finer than hairs; and so closely packed together that the interspaces between are smaller than the vessels. These little vessels are the communicating extremities of larger ones, beginning and ending in the heart. At every beat of the heart blood is sent into the pulmonary artery, and through it into the capillaries, where it is brought into contact with the lining membrane of the air cells and through it exposed to the air, thence it returns again to the heart by the continuation of the capillaries into the pulmonary veins. It is calculated that at each pulsation of the heart not less than $\frac{1}{27}$ lb. of all the blood in the body passes into the lungs; three times every minute the whole mass of blood is passed through the lungs and exposed to the air. Measured at each circuit, the whole quantity of blood so exposed in a day amounts to 57 hogsheads, and by weight 540 lbs. every hour, or 12,960 lbs. in a day. The quantity of fresh air *imbibed* by this exposure of the blood amounts to 616 cubic inches, or about 2½ gallons every minute, or upwards of two hogsheads per hour.

Life has often been compared to a burning flame, a sort of combustion which, like fire, can never be sustained without the consumption of fuel, and failing this, it flickers out, never again to be rekindled except new life be given. The simile is in some respects marvellously perfect. Both flame and life depend upon air. Most persons have witnessed the experiment of placing a lighted candle or taper under a bell-glass, and know the result, that at first it burns brightly, gradually becomes feeble, and finally goes out altogether. If instead of a flame, a bird or mouse be placed under the glass, the

effect on its life is precisely the same. In both cases the air is devitalized; it is not all used up, but that which is left will neither support a flame nor sustain life. A large proportion of the oxygen has been consumed, and the proportion of the carbonic acid and moisture increased. In the one case oxygen has been used to support combustion, and in the other to sustain life; and air which has been respired, or in which anything has been burned, is always deficient in oxygen and contains an excess of carbonic acid and moisture. So far, then, as these conditions apply, every living animal represents combustion. In the free atmosphere, no creature ever suffered for the want of oxygen, or from an excess of carbonic acid; but in crowded and unventilated rooms great harm often results from both.

Brain culture is envired by the school-room. Upon the condition and management of the school-room depends the quality of the brain, and the brain is the *soil* of subsequent endowments. Education is the fruit, *it* contemplates a continuance of mental discipline and exertion far beyond the limits of the school-room, or college life. By education is acquired the mental and moral power to sustain the feelings, affections, propensities and passions, so that none of these may ever gain the mastery of the intelligence; a power which can never be acquired without proper brain culture. A fruitful harvest can never come of an impoverished soil. Most of the anxieties and miseries of life result from the want of a sound and strong brain; and as we trace back these to their source, they all seem to depend on the want of power to regulate impulse and feeling. A well cultivated brain is unquestionably the true road to exalted virtues, and the union of a sound intellect and moral power the only stable foundation of true wisdom, by which health becomes, next to eternal salvation, the most important object of life. A pure atmosphere is the first need of the school-room, without it none of the vital functions can be sustained in health. We have seen the wonderful activity with which the functions of life are performed; that within twenty seconds a poisonous gas drawn in with the breath permeates every tissue of the body. That every single respiratory act multiplies the carbonic acid a hundred-fold. No teacher, surely, will fail to appreciate the importance of these phenomena, nor should he fail to teach them to his pupils. A new series of questions in arithmetic should be devised for their inculcation, such as: If half a cubic inch of oxygen be consumed at every respiration, how many respirations will it take to consume 25 cubic feet? If air that has been once passed through the lungs contain five and a half per cent. of carbonic acid, how many volumes of atmosphere will it require to reduce it to four parts per ten thousand? If a single pupil breathes 70 cubic feet of air in four hours, how many cubic feet will be required for 600 pupils seven hours? If a closet of 300 cubic feet capacity requires 2,000 cubic feet of air every hour to purify the air sufficiently for one individual, how many cubic feet of air will be required every hour to purify the atmosphere of a school-room 40x35x12, containing 75 pupils? Many other questions of similar practical utility will readily suggest themselves to the thoughtful teacher.

I cannot better close these remarks than by inviting attention to the recent action of the R. I. State Medical Society, as being eminently worthy of serious consideration. This action may not meet with general approval in all its particulars, but it is commendable, as being a practical and definite application of general principles, and a suggestion to all thoughtful persons who are in any way responsible for the modes and methods of education.

"Whereas, Although the present school system has been brought to a high degree of completeness in intellectual culture, and to an exalted position, of which its friends and the community may well be proud, yet, entertaining for its welfare a profound interest, and viewing it as we do from a physical standpoint, and believing that in the haste for intellectual culture the physical is too much neglected, the nervous system is developed to the omission of other portions of the body, thus giving rise to a long train of ills, and producing

an unsymmetrical and distorted organization in the young, entirely unfitted for the stern duties of life; therefore—

“*Resolved*: First—That physical culture is of primary importance in our public schools, and that gymnastic exercise should be made a part of our school system.

“Second—That the ‘Kindergarten system’ should be engrafted upon our public school system.

“Third—That the school buildings should not exceed two stories in height.

“Fourth—That three hundred cubic feet of space and twenty-five square feet of floor space should be the minimum for each child in a school-room in connection with good ventilation.

“Fifth—That proper warmth and pure air are of the first importance, and should always be considered before ornamentation.

“Sixth—That scholars should not maintain the same position more than half an hour at a time.

“Seventh—That two short sessions, daily, are better than one long one.

“Eighth—That no child should be admitted into our public schools, as now conducted, under seven years of age.

“Ninth—That under twelve years of age, three hours a day, and for twelve years and over, four hours a day, is sufficiently long confinement to mental culture.

“Tenth—That study out of school should not usually be permitted.

“Eleventh—That all incentives to emulation should be used cautiously, especially with girls.

“Twelfth—That the ‘half-time system’ should be introduced into our public schools.”

PROTECTING INFLUENCE OF THE EARTH’S ATMOSPHERE.—(*Sanitarian.*)
—Weilman, after reducing the hourly observations made at Berne, Switzerland, for seven years, and deducing therefrom the laws of diurnal change of temperature, has investigated the effect of cloudiness on the daily variation, especially at night. He finds that the radiating power of the earth’s surface is everywhere and at all times the same. The temperature in the morning is, he finds, in cloudy weather, five or six degrees higher than in clear weather. And again, that the simple atmosphere of the earth surrounds it like a protecting layer of clouds, and that without this the earth would experience daily an enormous variation in temperature. Even the clear sky, or rather the moisture present, as an invisible vapor, protects the earth with an efficiency equal to about one-third of that exerted by a layer of clouds, against too strong a daily change of temperature.

GLYCERINE THERMOMETER. (*Boston Journal of Chemistry.*) This instrument, suggested by A. Jaksch, of Bohemia, is made as follows: An ounce bottle is two-thirds filled with glycerine of any desired color, and the bottle placed in a freezing mixture of sal-ammoniac, saltpetre, and water, so as to cool the liquid to 32° F. A glass tube twelve to fifteen inches long is passed through a good-fitting cork, so as to dip nearly an inch into the glycerine. The cork is inserted in the bottle and rendered air-tight with sealing wax or a cement of varnish and chalk, and the thermometer is then ready to be graduated. On inserting the cork, the liquid rises in the tube a few inches. The bottle is placed in melting ice, and the level of the liquid marked 32°, if the scale is to be Fahrenheit’s. It is next placed in warm water, say at 132°, and this point marked. The space between these points is divided into one hundred equal parts, and this division carried down to the Fahrenheit zero, and upward to the top of the tube.

Gynaecology.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

NITRITE OF AMYL AND BELLADONNA

IN DYSMENORRHOEA.

A paper upon this subject (*New York Med. Record*) was recently read before the New York Journal and Library association by Dr. Mary Putnam Jacobi.

The clinical history of three severe cases of spasmodic dysmenorrhœa were given. They were treated by administering Belladonna for several days prior to the recurrence of menstruation, and during the paroxysm, the nitrite of amyl was given by inhalation.

The argument in support of the treatment was considered rational, and was founded upon data furnished by one of the cases observed :

1. Vomiting, pallor, pallor of skin, cold hands and feet.
2. Extraordinary peristaltic action of the intestines.
3. Spasmodic pain in the uterus.

All these points, it was claimed, pointed toward one element—namely, that of spasmodic contraction of the blood vessels.

First, the so-called sympathy between the uterus and the stomach, and between the stomach and brain, were fully considered in their dependence and interdependence with reference to the symptom, *vomiting*.

It was believed, reasoning from the experiments of Schiff and others, that the vomiting of pregnancy, vomiting of sea-sickness, and many cases analogous in character, was due to the same cause, namely, anæmia of the brain, producing spasmodic contraction of blood-vessels at its base.

It was farther argued that anæmia of the intestines produces contractions or increased peristalsis, due to spasmodic contraction of blood-vessels.

There are three conditions in which a hollow muscular organ can contract in the state of vacuity :

1. After direct irritation of its nerves.
2. After direct irritation of its muscular fibre.
3. After changes in its circulation.

A detailed account of six experiments was given. The experiments had been performed upon rabbits. The abdominal cavity was opened, the intestines drawn out and carefully protected in a bag of oil-silk, which was kept immersed in a vessel of warm water ; the uterus exposed, and the abdominal aorta exposed. The aorta was then compressed with a ligature, and the result carefully noted.

Several waves of peristalsis ran *down* the rectum, but never in a contrary direction. Contraction of the uterus occurred, and was distinctly visible at the middle third of the organ. Upon removal of the ligature the contractions ceased. The time at which contractions appeared after compression of the aorta was made, also the duration of the contraction after compression had been removed, were carefully noted. The conclusions made from the experiments was, that tonic contractions of the uterus may be excited by occlusion of the aorta, and that such contractions continue from one to four minutes after compression had been removed. Clonic contractions also occurred, after the type of contractions of masses of smooth muscular fibre.

What bearing do the results of these experiments have upon the treatment of spasmodic dysmenorrhœa?

The pain in these cases is dependent upon tonic and clonic contraction of the uterus.

These, in turn, are dependent upon some cause. Of the conditions in which a hollow muscular organ can contract in a state of vacuity, direct irritation of muscular fibre and direct irritation of nerves were excluded. Consequently we are obliged to fall back upon changes in the circulation of the uterine walls. If the change of the blood-vessels passes to an irritation, spasmodic contractions must take place, and uterine contractions will be determined by local anæmia.

Spasmodic contraction of blood-vessels resulting from irritation of vaso-motor nerves, is the cause of the pain of spasmodic dysmenorrhœa. It is upon these considerations that the remedies suggested are used. The *secondary* effect of Belladonna is dilatation of the blood-vessels.

Belladonna is to be administered, therefore, previous to the occurrence of menstruation, for the reason that it is desirable to obtain the *secondary* effect of the remedy.

Nitrite of amyl is used for the purpose of relaxing blood-vessels. This is in accordance with the admitted physiological action of the remedy.

This method of treatment, of course, is more especially adapted to cases of spasmodic dysmenorrhœa; but it has been found, both in the experience of the author of the paper, and in that of others, that great relief may be afforded even in those cases in which the dysmenorrhœa depended upon displacements, constriction of the cervix, etc.

The method is, to administer Belladonna in ordinary doses for several days previous to the occurrence of the menstrual flow, and when pain comes, to administer by inhalation from two to six drops of the nitrite of amyl, *p. r. n.* In one case a single drop of amyl was all that was required.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

A DISCONTINUANCE.—E. A. Lodge. Esteemed friend :—About a month ago I requested the discontinuance of the *Observer* with the close of the last volume, for a few months at any rate ; I did not, however, give my reasons for it, which I consider though is due to one who has thus far labored so successfully to make it a journal of scientific value to its readers. It is not from a want of appreciation of its worth, but simply because since the death of my wife, a year and a half ago, my loneliness makes my labors more and more irksome, which before were my source of enjoyment, my field of pleasure ; and if the way should open any time during the early part of the year by which I can travel through our Western country for a few months, and relieve myself by a change for awhile, I will embrace the opportunity. Hence I have discontinued all my journals that begin with the new year.

Hoping this explanation may be satisfactory, I respectfully return the present number sent me, and remain, as ever, thy friend

ROBERT C. SMEDLEY, M. D.

We discontinue to our friend as desired. We trust that he may be cheered by the thought of a happy reunion with his companion where partings end.

PRINCIPLES AND PURPOSES.—Our objects and plans are the same as when we commenced our editorial labors near a dozen years since, but we have now the advantages of energetic colleagues, a disciplined experience, settled methods, and a hearty devotion to a much loved and useful work. Our readers and fellow-laborers approve our aims and encourage us with their warmest commendations, and we go forward with our labors with increasing spirit and determination—*Excelsior*.

CLINICAL CONTRIBUTIONS.—We will send the *Observer* for this year *free* to any writer of a good report of cases treated with single remedies, such report not to be less than three pages in length.

PREMIUM for an article on Quacks and Quackery. We will send a bound copy of the *Observer* for the best article on this subject.

DETROIT TEMPERATURE, ETC., FEBRUARY, 1875.—Mr. W. Finn of "Storm Signal Corps," reports for Detroit, month of February.

Highest barometer, 30.655, February 6.

Lowest barometer, 29.314, February 3.

Highest temperature, 51 deg., February 24.

Lowest temperature, *20 deg., February 9.

Prevailing direction of wind, west.

Greatest velocity of wind, 36 miles an hour, February 3.

Total number of miles, 6.332.

Total rainfall and melted snow, 1.82 inches.

Number of clear days, 9.

Number of cloudy days, 14.

Number of rainy or snowy days, 13.

Mean temperature, 20 deg. below the mean of the same month for the last three years.

For 14 consecutive days the minimum temperature was below zero, February 4 to 16, inclusive.

*Below zero.

We have practiced medicine in Detroit for sixteen years. This month was the hardest in all our experience. For many winters we have had a severe cough, sometimes assuming the form of bronchial asthma, and when accompanied by nocturnal sweats, there has been great debility. This winter we succeeded in warding off our cough until February 1st; since that time we have been suffering more or less severely. Notwithstanding this sickness we have succeeded in doing a large amount of work. Patients have been visited every day, our office and residence has been removed, our pharmacy has been transferred, February and March Observers have been arranged, printed and mailed, and a part of April number has been prepared. In all quite an amount of useful labor; certainly more than the work of an invalid. Our hunger for warmth and sunshine, has returned with more intensity than ever.

Detroit, March 2d, 1875.

E. A. L.

ALIVE AND AT WORK.—A Doctor in the Southwest asks: "*Does the Observer still live? if it does, I must subscribe for it immediately.*" We send this M. D. our issues for Jan., Feb., and March: 184 pages (over 700 for the year). If these do not show that our Journal for its twelfth year is not only living but *working* for the good of the profession, we will consent to leave our enquiring friend in the dark where he has been groping about in lack of the light he might have had with but little trouble and less expense.

ON TIME.—We do not intend that the first day of any month shall come without the appearance of our Journal, if health and ability remain.

REMITTANCES OF SUBSCRIPTIONS should be promptly made to enable the publisher to print promptly and make the improvements contemplated.

CONTRIBUTORS will oblige by sending their articles direct to the editors of the departments.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.

THE REGENTS REGARDING JUSTICE AT LAST.

At a meeting of the Board of Regents, held at Ann Arbor, on Feb. 17, the Committee on the Medical Department, to whom were referred various papers on the subject of homœopathy, and also a copy of a proposed Senate bill, asking an appropriation of \$5,000 for the establishment of such department "at the city of Ann Arbor, or at such place as in their (the Board of Regents') judgment may seem for the best interests of the University and the cause of homœopathy," reported that we will, if so desired by the Legislature, manage the affairs of such homœopathic college as may be established, to the best of our ability, and use such funds as may be entrusted to our administration for the interest of the cause for which such funds may be appropriated.

In this connection we feel it incumbent upon us, however, to suggest that the sum asked for is more than sufficient to pay the salary of "two professors" during a four months' lecture course, as contemplated in the bill which has been submitted for our inspection, and should be used, if appropriated by the Legislature, for the payment of as many professors as may seem just and proper, or for such other expenses as, in the opinion of the board, may seem necessary.

RYND.

GILBERT.

CLIMIE.

The questions regarding the hospital and homœopathic professors were quite fully discussed, Regent Rynd saying, in regard to the latter, that it was a question of justice, and that if the Legislature would only furnish the means all should fare alike.

A report comes from Ann Arbor, February 20, 1875, that Prof. Frothingham, of the Medical Department of the University, is disgusted with the action of the Legislature, and intends to offer his resignation immediately. He thinks the action an insult to the professors of the University.

At Lansing, March 3d, House bill 92, providing means for erecting a hospital building at the University, was tabled.

In the House, March 4th, Mr. Hertzler presented memorial of A. I. Sawyer, I. N. Eldridge and Robert King, officers of the Homœopathic Medical Society, against the payment of the 1-20th mill tax to the University until the Regents shall establish two professorships of homœopathy in the Medical Department, as required by law.

On the 24th of February in the Michigan House of Representatives, a bill was introduced by Mr. West, prohibiting the State Treasurer from paying over the money to the University until the Regents shall establish two homœopathic professorships in the University of Michigan.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The commencement was held March 4th, 1875.

Prayer by Rev. Dr. Dowling. Introductory by Prof. J. W. Dowling, M. D., Dean of the College. Conferring of Degrees, by Hon. Salem H. Wales, President of the Board of Trustees. Presentation of certificates to members of the Junior Class who have passed in the studies of the Junior course, by Prof. F. S. Bradford, M. D., Secretary of the Faculty. Presentation of prizes. Valedictory on behalf of the class, Perley H. Mason, M. D. Valedictory on behalf of the Faculty, Prof. S. Lilienthal, M. D.

GRADUATES.

Wm. G. Hartley, New York.
Saml. A. Muhleman, O.
Albert T. Piper, Me.
Henry G. Goldman, N. Y.
Thos. C. Elmendorf, N. Y.
Walter Bailey, Jr., M. D., La.
Ralph Morden, Ont.
Warner F. H. O'Keefe, Pa.
Stanton L. Hall, N. Y.
William Selleck, N. J.
Jas. M. Dart, N. J.
Edward Cranch, M. D., N. Y.
Edward J. Winans, N. J.
Stephen P. Barchet, China.
Walton W. French, N. Y.
Richard K. Valentine, N. Y.
Henry J. Anderson, N. J.
Chas. W. Baker, N. Y.
Chas. E. Rowell, N. H.

Alfred Wanstall, D. C.
Geo. A. Routledge, Ont.
Theodore H. Baldwin, N. J.
Arthur Beach, A. B., N. J.
Frank K. Hill, N. Y.
Fred. W. Bradbury, R. I.
Francis A. Gile, N. H.
Martin Deschere, N. Y.
Wm. R. Townsend, N. Y.
Geo. A. Terhune, N. Y.
Minor W. Gallup, N. Y.
Perley H. Mason, N. J.
Chas. P. Saxton, N. Y.
Arthur T. Sherman, N. Y.
Harry D. Baldwin, Pa.
Arthur T. Hills, N. Y.
Richard B. Sullivan, N. Y.
Edmund L. Wyman, Vt.
Horace H. Tinker, Ct.

JUNIORS.

The following students of the graded course have passed satisfactory on some or all of the branches of the Junior Class.

O. L. Jenkins, N. J.
W. B. Heartwell, N. Y.
C. H. Strong, Ill.
Chas. E. Merwin, N. J.
A. W. Ackerman, Wis.
Delancey H. Barclay, Conn.
Solomon Baruch, N. Y.
Hiram M. Bruce, N. J.
Bukk. G. Carleton, N. H.
A. B. Cole, N. Y.
Alfred L. Cole, N. Y.
John E. L. Davis, N. Y.
Charles Deady, N. J.
William F. Decker, N. Y.
W. Estus Deuel, N. Y.
Rev. G. J. DuBois, N. Y.
Chas. Franklin Ely, N. Y.
Hosea B. Eaton, Me.
A. M. Gamman, N. Y.
H. Alton Gibbs, N. J.
Frank A. Hale, Mass.
J. Rosenwell, Jr., N. J.

J. D. Kaple, N. J.
Edward H. Linnell, Conn.
Ernest B. McComber, N. J.
J. D. Madden, N. Y.
Chas. H. Miller, N. J.
Chas. A. Mooers, Me.
P. W. Neefus, N. Y.
Rev. Frederick Ortel, N. Y.
John A. Pearsall, N. Y.
H. Augustus Putnam, N. Y.
Louis Rade, N. Y.
C. W. Radway, N. Y.
Edward C. Rickerts, N. J.
John C. Robert, N. Y.
A. G. Seibert, N. J.
Thomas H. Shipman, Conn.
W. B. Silber, N. Y.
Hugh M. Smith, N. Y.
Francis Gray Somers, Vt.
E. B. Squier, N. Y.
Thos. Wildes, N. Y.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

The College Exercises were conducted on the 18th February at the College Hall in the presence of a large number of friends, the Annual Address being delivered by Rev. W. H. Jeffers, D. D., of Wooster University. Dr. C. H. Von Tagen delivered an eloquent Valedictory.

Conferring of the degrees devolved upon the President of the Board of Trustees, Hon. Geo. Willey, who made some extended remarks of peculiar interest to both the faculty and the class.

GRADUATES :

Mrs. M. A. Canfield.
J. Dickson.
E. R. Eggleston.
W. A. Egbert.
A. A. Harding.
J. B. Lewis.
Mrs. L. M. Lincoln.
Miss L. A. Robinson.
and F. C. Steingraver, Ohio.
D. S. Moore, Wis.

J. H. Borger, and J. F. Thompson
Ind.
M. Besemer, G. C. Barker, J. D. C.
Heinemann, W. E. Keith, J. B. Sar-
gent, and C. H. Strong, N.Y.
Miss A. J. Brindle, S. W. Hickman,
J. M. List, and Miss S. F. Rose, Pa.
Mrs. E. F. Hollingshead, N. J.
Dr. C. T. Mitchel, Ont.

PULTE MEDICAL COLLEGE, CINCINNATI, OHIO.

The commencement exercises took place Feb. 11, 1875. A full audience gathered in College Hall, and was highly entertained by the address of Rev. Dr. Wise.

GRADUATES.

Frank Adams, Ohio.
J. F. Brown, Michigan.
S. S. Black, Canada.
Thomas W. Brown, Ohio.
J. E. Baker, Ohio.
I. W. Buddeke, Tennessee.
C. E. Fisher, Kansas.
J. C. French, Ohio.
S. R. Geiser, Missouri.
S. Griffin, Iowa.
Jacob Hummel, Ohio.
Geo. C. Jeffery, New York.

O. J. Lyon, Iowa.
J. T. Lowry, Kentucky.
L. C. Lukens, Ohio.
D. B. Morrow, Ohio.
H. McGrew, Ohio.
S. H. Randall, Ohio.
W. E. Rukenbrod, Ohio.
W. A. Shappee, Ohio.
E. A. Whitlock, Iowa.
H. Whitworth, Michigan.
W. L. Williams, Ohio.

Excellent addresses were delivered by Profs. Holcombe and Wilson.

After the exercises, Prof. S. R. Beckwith invited the Faculty and students to an elegant banquet at his house. Thus came the termination of the third annual session of Pulte Medical College, and by universal consent it was declared to be, from first to last, unequalled in pleasure and success.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, opens its spring course on Monday, March 29, to end June 19, 1875. Address, A. R. Thomas, M. D., Dean, 937 Spruce street, Philadelphia.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO is to open its spring term on March 11th.

CINCINNATI MORTALITY FOR FEBRUARY, 1875.

Total, 1st week, 106; 2d week, 105; 3d week, 96; 4th week, 124.

Total mortality for the month, 431; or about one-sixth of one per cent. of the population.

Prevailing Diseases—Lung and Bronchial Affections, Diphtheria, Whooping Cough, Scarlet Fever, Typhoid Fever.

Pneumonia.—1st week, 14; 2d week, 10; 3d week, 8; 4th week, 21.

Total for the month, 53; or about 12 per cent. of all the deaths.

Consumption.—1st week, 14; 2d week, 15; 3d week, 13; 4th week, 21.

Total for the month, 66; or about 15 per cent. of all the deaths.

Population, 250,000.

HOMŒOPATHIC COLLEGE OF MISSOURI.

The sixteenth annual commencement of the Homœopathic Medical College of Missouri was held Feb 25th. About 1,000 persons were in attendance. The musical part of the programme was furnished by the Arsenal band, through the kindness of General Sturgis, United States Army.

The school has a membership of between 40 and 50, and of this number twenty-two graduated.

GRADUATES.

Fred. H. Richter, Minnesota.
 Fred. Decker, Iowa.
 Chas. R. Henderson, Iowa.
 M. R. Chamberlain, Nevada.
 J. W. Willis, Illinois.
 Jno. S. Rothschild, Missouri.
 C. F. Miller, Wisconsin.
 Jno. A. Collan, Missouri.
 W. J. Harris, Missouri.
 Wm. Haslam, Kansas.
 W. C. Condon, Kentucky.
 W. E. Richards, New York.
 J. C. Pennington, Missouri.

A. Uhlmeyer, Illinois.
 Wm. Storey, Illinois.
 E. M. Harrison, Missouri.
 E. L. McMahon, Ohio.
 H. W. Rodker, Kansas.
 Jno. Detrich, Pennsylvania.
 Mrs. Sarah J. Johnson, Missouri.
 H. M. Kinyon, New York.
 Hy. C. Suss, Illinois.
 M. A. Chamberlain.
 Hon. degree L. M. Kenyon, M. D.,
 of Buffalo, New York.

The severe illness of the dean of the faculty, Prof. J. T. Temple, M. D., prevented his attendance, and Prof. Stevens was called upon to preside in his stead.

The exercises were opened with prayer by Rev. C. A. Van Anda, of the Union M. E. Church. He besought the Divine blessing upon the class of 1875, and that it might go with them through the life upon which they were just entering.

J. W. Harris delivered the valedictory on the part of the class.

During the entire session, one clinic was held each week at the Good Samaritan Hospital, and another each week at the City Hospital, besides numerous clinics exhibited daily to the class at the college dispensary, amounting to upwards of 400 cases treated in presence of and by the class, at this latter charity.

Appointments were made each Saturday, from the several course students, to take charge of the college dispensary the following week. The vast advantage of such clinics cannot be overestimated.

DIPLOMA FACTORY, A NEW.—(*Chicago Medical Times*).—In our last issue we referred to a so-called "Livingstone University," as in the diploma trade. Through the kindness of a friend, we have before us the advertisement of the concern *in extenso*. Under the thin disguise of acquiring a building fund, the directors of this audacious scheme offer to grant a "diploma of the University" to physicians, clergymen, dentists, teachers, authors, etc., who will subscribe \$50 to the capital stock. Who can doubt that grangers and hod-carriers even, if possessed of \$50, can secure that diploma? No doubt that many lazy but vain fools will grasp at this opportunity of acquiring honor (?) without the troublesome study and preparation usually required. We prophecy that very soon the stench of this concern will be more intense and foul, if possible, than that from its twin sister at 514 Pine Street.

Is there neither law nor sense of decency in the States of Pennsylvania, New Jersey, or West Virginia? It almost seems time for Congress to interpose in behalf of the people, and in behalf of honest educational institutions.

NEW TREATMENT OF OPEN CANCERS.—(*Chicago Medical Times*).—M. Peyrand has succeeded in dispelling canceroid growths by applying to the open ulcers powdered bromide of potassium. The application was *painless*, and in four weeks the tumor, a very large one on the face, had disappeared, with the exception of a trace at its base.

CINCHO-QUININE.

A CARD.

We desire to call the attention of the faculty to the following analysis of Cincho-Quinine, from some of the most eminent chemists.

BILLINGS, CLAPP & Co., Boston.

CHEMICAL LABORATORY OF THE UNIVERSITY OF PENNSYLVANIA, }
WEST PHILADELPHIA, January 29, 1875. }

MESSRS. BILLINGS, CLAPP & Co.:

Gentlemen.—I have received by express a package marked, "Sealed by S. P. Sharples, January 22, 1875," and containing a bottle of Cincho-Quinine, with the label of James R. Nichols & Co., Chemists, Boston, which I have tested, and have found it to contain *quinine*, *quinidine*, *cinchonine* and *cinchonidine*.

Yours respectfully,

F. A. GENTH,

Professor of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, }
CHICAGO, February 1, 1875. }

I hereby certify that I have made a chemical examination of the contents of a bottle of Cincho-Quinine, and by direction I made a qualitative examination for *quinine*, *quinidine* and *cinchonine*, and hereby certify that I found these alkaloids in Cincho-quinine.

G. GILBERT WHEELER,

Professor of Chemistry.

We have used Messrs. Billings, Clapp & Co.'s preparation of Cincho-quinine occasionally with good results.

SPECIAL PREMIUMS FOR NEW SUBSCRIBERS. We mean by *new* subscribers, those whose names are not now on our list; and for such we offer the following special premiums: For each *new* subscriber, with cash \$2.50, of this year, we will give an unbound volume of this journal of any year previous to this; and for two *new* subscribers this year, and \$5.00 cash, we will send a bound volume of this journal for any previous year; and in the same proportion for any number of *new* subscribers. This will enable any of our present subscribers to get a complete set of OBSERVER, without any outlay of money: a little trouble, and a large amount of profit as a reward.

DULL JOURNALS.—The *Cincinnati Medical Advance* says: The remarkable dullness of one of our city allopathic journals is at last accounted for. The sapient editor voluntarily confesses that he throws his best communications into the waste basket.

STRANGE ACCIDENT.—Dr. Ira Barrows, of Providence, Rhode Island, is reported to have met with a serious and very curious accident. His buggy broke and horse ran; a hook caught into one of his eyes, and tore it completely out.

BRITISH JOURNAL OF HOMŒOPATHY. We want for one of our colleagues No. 11, of May, 1845; No. 15, for January, 1846. Also for ourselves, of same journal, the first twelve volumes, for which we will pay a fair price.

AGENTS. We can offer remunerating employment to agents in any city of the United States having over 10,000 inhabitants. Address "*American Observer*," Detroit, Mich.

Personal Notices, Etc.

PERSONAL.

ALLEN. Dr. H. C. Allen is now General Agent of the New York Homœopathic Mutual Life Insurance Company for the States of Ohio and Michigan. Courteous, efficient, and eminently trustworthy, and representing our best life insurance company, we commend him to the favor of the profession of these States.

BARNES. Dr. G. W. Barnes, formerly Professor in Cleveland Homœopathic College, is now President of a Natural History Society at San Diego, California.

BAILEY. Dr. S. Bailey, one of the oldest homœopaths of Northern Ohio, resumes practice at Toledo.

BECKWITH. Dr. E. C. Beckwith removes from Cincinnati to Columbus, Ohio, to attend to *Gynecology*, in connection with Dr. W. F. Schatz.

CLARK. Dr. W. Clark has established a private hospital at Berea, O., for the treatment of scrofulous diseases and cancer. The Doctor has had a large experience and has won a desirable reputation in the treatment of this class of affections.

CURRIER. Dr. C. B. Currier, an accomplished physician of Vermont, has removed to 134 East 71st st., New York. Dr. C. was one of the oldest and best homœopathic physicians of Vermont, and we trust the profession of New York city will give him a warm welcome. He has always been identified with the best interests of our school, and deserves hearty support.

WILSON. Prof. T. P. Wilson, of the Pulte Homœopathic College, was the recipient of a very handsome present from the class, on the eve of Jan. 1st last.

PRINDLE. Dr. C. W. Prindle and wife, of Grand Rapids, Mich., had a pleasant wooden wedding on the 8th of February.

NECROLOGICAL.

FROST. James H. P. Frost, A. M., M. D., formerly editor of *Hahnemannian Monthly* and Professor in the Homœopathic College of Philadelphia, died at Danville, Pa., on the 21st January last, aged 50.

Dr. F. will be remembered as a physician of fine acquirements, an active worker, and the writer of a large number of papers of great value.

REMOVALS.

SAUNDERS. W. E. Saunders, M. D., of Cleveland, Ohio, died of cardiac rheumatism on the 7th of March, aged 36 years. The Cleveland Academy of Medicine passed a series of resolutions expressive of their profound sorrow at his loss.

DEDERKY. Dr. F. F. DeDerky from Mobile, Ala., to Boston, Mass.

GATCHELL. Dr. H. T. F. Gatchell, from Kenosha, Wis., to Cincinnati, O.

ULRICH. Dr. Ed. Ulrich, from Cleveland to Toledo, Ohio.

VANCE. Dr. J. W. Vance, from Lawrenceburg, Ind., to College Hill, O.

WOODRUFF. D. F. Woodruff from Ann Arbor to Detroit, Michigan.

NOTICES.

OHIO STATE HOMŒOPATHIC SOCIETY is to convene at Columbus on Tuesday and Wednesday, 11th and 12th of May.

THE AMERICAN INSTITUTE OF HOMŒOPATHY—Is to hold its next session on the second Tuesday in June (8th), at Put-in-Bay, Lake Erie.

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

LITHIÆ CARBONAS.

(*Carbonate of Lithium.*)

This may be prepared from Lipodolite by igniting one part of the mineral with two parts of the lime; add sufficient water to form a paste, treat with dilute Sulphuric acid, and again add water; this solution is now filtered and concentrated. Now add Carbonate of Soda to precipitate the earth and metals, when the liquor is again concentrated and while boiling hot it is treated with Carbonate of Soda dissolved in twice its weight of water, this precipitates the Carbonate of Lithiæ in a somewhat impure state.

In order to purify it, we dissolve it in a weak solution of Muriatic acid, and precipitate the Carbonate of Lithiæ in a pure state with Carbonate of Ammonia.

It may also be prepared from the Sulphate or Chloride of Lithiæ in concentrated solution, by adding Carbonate of Ammonia, and washing the precipitate with Alcohol, and drying.

It is a white powder sparingly soluble in water, and having a feeble alkaline reaction. It dissolves with effervescence in dilute Sulphuric acid, and forms a freely soluble salt. It imparts to the flame of burning alcohol a carmine red color. Schlagdeuhausen has found Carbonate of Lithiæ, contaminated with 3.5 per cent. of the Sulphide of Potassium; 3.7 per cent. of the Chloride of Sodium, and 6.5 per cent. of Sugar of Milk.

The metal Lithium is found in petalite, lipodolite, triphyllin, and a few other metals, also in small quantities in several mineral springs—the Carlsbad, Pyrmont, and Kissengen of Europe, and the Gettysburg of this country.

It has been found by spectrum analysis, in the waters of the Atlantic and of the Thames—in the ashes of plants growing on granite soil, and in the mother waters of Tartaric acid.

The metal is obtained by fusing pure Lithium chloride in a small thick porcelain crucible, and decomposing the fused chloride with electricity.

It is a white metal, like Sodium, and very readily oxidized, fusing at 180° C. (365° F.) having a sp. gr. of 0.59. It is the lightest solid known.

31—May, 1875.

ANALOGUES :—*Lachesis* (?) *Graphites* ? *Lycopodium* ? *Sulphur* ?

OFFICINAL PREPARATIONS :—Triturations to the 6x, then dilutions.

MENTAL SPHERE.

Disposition to weep about his lonesome condition.

- o The whole night, anxiety and feeling of helplessness.—
(*Hering.*)

Difficulty in remembering names.

HEAD.

- o Heaviness in the sinciput, especially in the frontal eminence.
—(*Hering.*)

Towards evening, pain and heaviness over the brows, with restlessness in the stomach, unchanged by eating supper or by walking out, continuing until he goes to sleep.

Fullness in the right temple the whole afternoon.

Pressure in both temples from without inwards, with a pressing pain in the middle of the chest, extending outward and toward both sides, in the region of the fourth rib.

- o Tearing, sticking headache on the right side, worse on assuming the erect position and on motion, better during repose.

Early on awaking, violent headache in vertex and temples (after sudden cessation of the menses,) second and third day ; less on the fourth and fifth days, but on the sixth day in the afternoon, again very severely in the left eye, temple, and a small spot in the occiput ; in the temple and vertex very severe, with nausea.

Heavy weight upon the vertex, with pressure upon the left temple ; the whole head is as if too large ; at the same time it feels as if it were violently squeezed in a small spot, which greatly increases the nausea ; could hardly keep the eyes open ; they pained as if sore from morning till noon ; when looking at anything the headache grows worse ; she can't continue lying down ; it pains everywhere ; somewhat better when sitting, relieved by going out.

- o Headache relieved or ceases while eating, but returns afterwards.—(*Hering.*)

EYES.

On the second day of the menses, after being obliged to get up from reading and go into the open air, she noticed,

on taking up the book again, an uncertainty of vision and the entire invisibility of the right half of whatever she looked upon ; if two short words occurred in succession, the one toward the right hand was invisible ;—both eyes similar in this respect.

Pains internally in the globe of the right eye, above the external canthus.

- o Pains in the eyes, as if little grains of sand were in them.
—(*Hering.*)

Feeling of dryness in the eyes, although they were moist, worse in the left.

Throbbing, drawing pain about the right eye, around, outside, above and deep in the orbit.

EARS.

Pain behind the left ear, in the bone, extending toward the neck.

Earache, left side, from the throat, with prosopalgia.

NOSE.

Obstruction of the nose.

Constant discharge of mucus in the evening.

Dropping from the nose in the open air.

- o Nose red, swollen and dry.—(*Hering.*)
- o Nose, especially on the right side, somewhat swollen, red sore internally—shining crusts form in it ; it is dry and as if inflamed ; (at the same time frequent urinating at night, disturbing the sleep.)—(*Hering.*)

MOUTH AND THROAT.

Toothache in the right lower back tooth, again in the left.

Teeth seem dull, numb and loose, so that she cannot bite.

Pains are more violent on the left than on the right side.

- o In the evening sore throat on the right side.
- o Sore throat extending into the ear, and from ear to throat.
—(*Hering.*)
- o Hawking up mucus in large quantities.—(*Hering.*)

STOMACH.

- o Nausea, with gnawing in the stomach, fullness of the temples and headache.—(*Hering.*)
- o Acidity of the stomach quickly relieved by *Lithium*.—(*Hering.*)

Cannot bear the slightest pressure on the stomach.

- o When eating, *the gnawing in the stomach goes away.*
Good appetite, with gnawing in the stomach.

HYPOCHONDRIA.

- o Violent pain in the hepatic region, between ilium and the ribs.—(*Hering.*)

Sticking pain in the left hypochondrium.

Pressure in the hepatic region and gentle pressing pain in the right side of the forehead; later, over the eyes; the forehead pain extends to the left side, with nausea.

ABDOMEN.

Abdomen feels swollen and as if distended with wind.

Violent pain across the abdomen, upper part.

Pain in the left abdominal ring, like a passing from within outward, with confusion of the head and dull pressure from without inward in both temples.

URINARY ORGANS.

Sensitive pain and sharp pressure in the vesical regions. more on the right side, soon after passing water.

- o Tenesmus (vesical) after micturition.—(*Hering.*)

Pain in the region of the neck of the bladder.

Before passing water, flashes of pain in the region of the bladder, inferiorly, more toward the right; after urinating, pains extending into the spermatic cord, more on the left.

- o Quick, strong tenesmus, with sensitive pain in the middle of the urethra.—(*Hering.*)

- o Frequent and copious urination.—(*Hering.*)

On rising to urinate, *a pressing in the region of the heart*, which did not cease until after urination.

Turbid urine with much mucus deposit.

Urine scanty and dark, very acrid; it pains when being passed, which is difficult.

- * Very frequent urination, disturbing the sleep.

Dark reddish brown deposit.

STOOL AND ANUS.

Soft stools early in the morning.

- o At night diarrhœa, which is very offensive.—(*Hering.*)

Diarrhœa immediately after drinking chocolate.

Discharge of flatus in the evening, which is offensive.

- o Soft abundant stool in the morning; it had for a long time been hard and difficult.—(*Hering.*)

Violent, painful, dull stitch in the perineum near the anus, from above downwards, from within outwards; when walking being sharp, quick, and short; itching in the anus in the evening.

GENERATIVE ORGANS.

Female.—Menses suddenly cease and headache comes on.
Menses four days later and diminished.

When taken before the menses, the symptoms were most violent on the left side ; when taken after the menses, on the right side.

Male.—* Burning in the urethra.

- o Pains on the right side in the urethra and through the spermatic cord into the testicle.

Voluptuous titillation in the urethra at night on waking.

Erection after urinating at night.

Pains in the testes, and when sitting ; stitches in the penis.

THORAX.

- o On inspiration, the air feels so cold that it seems to be felt unpleasantly, even in the lungs, in heart disease.

Pressive pains in the middle of the chest, from within outwards towards both sides.

Violent cough late in the evening, while lying down, compelling to rise, without expectoration ; the irritation which provokes the cough is in a little spot posteriorly and inferiorly in the throat ; cough consists of very quick shocks, which do not seem to come out of the chest, but out of the throat, and to be very violent and prostrating in short paroxysms.

Constriction of the chest when walking out, after breakfast, then expectoration of mucus in great quantity, brought up by hawking ; the mucus seems to come from the middle of the sternum.

HEART.

Pains in the region of the heart, throbbing, like a dull stitch.
As she bent forward over the bed, in the morning after rising, a very violent pain in the region of the heart.

Pressure in the region of the heart on rising to urinate, passing away after urination.

- o Rheumatic soreness in the region of the heart.—(*Hering*.)
- o Pains in the heart before and at the time of the commencement of the menses.
- o Often, in deficiencies of the valves, especially after mental agitation of a vexatious character, to which she is very subject, a trembling and fluttering of the heart, distressingly painful in the heart and as far as between the shoulders ; it extends upward also into the head where it is felt as an equally painful throbbing ; at the same time the air, on inspiration, seems so cold that it is felt unpleasantly cold even in the lungs.—(*Hering*.)

BACK.

Pain and weakness in the sacrum.

Feeling of prostration in the sacrum at night.

In the morning, on rising, a feeling of soreness on the right side near the spine, below the loins, upon a spot not larger than the point of the finger, sensitive to pressure, lasting all day.

UPPER EXTREMITIES.

Pain on the anterior side of the right shoulder joint near the point of insertion of the pectoralis major muscle on the margin of the same.

Burning stitch in the ball of the hand.

Itching, throbbing, very sensitive pains in all the fingers, especially in the second and third fingers of the left hand, as if it were in and upon the bones, extending from the hand to the end of the fingers, only during repose; it ceases upon pressure, when grasping, and during motion.

Left middle finger very painful, through and through.

Soreness at the margin of the nail, redness and pain, more at the external angle, first of the left thumb, then of the right fourth finger, then of several fingers of the left hand, then of the right middle finger, lasting several weeks.

LOWER EXTREMITIES.

Itching, burning pain in a small spot on the right hip, then on the thigh, then on the little toe; all on the external aspect of the limb.

Itching, burning pain internally on the left thigh, and at the left knee.

Occasional rheumatic pains in the lower extremities.

Great weakness of the knees, with pain, especially on going up stairs.

o Painfulness of the feet, ankles, metatarsus, all the toes, especially at the border of the foot and the sole, as if it were gouty.—(*Hering.*)

Ankle joints pain when walking, first the right then the left.

Itching, burning of the feet.
A paralytic stiffness in all the limbs and in the whole body.
Prostration of the whole body, especially in the knee-joints and in the sacrum.

Over the whole body, as if beaten—stiff and sore in all the bones, joints and muscles.

SLEEP.

Anxious and restless at night.

Voluptuous dreams, tenesmus vesical, and erections which subside after urination on awakening.

Offensive diarrhœa awakening from sleep.

Sleep disturbed by the pains in the feet and sacrum.

FEVER.

Coldness of the feet, especially of the soles, then sudden heat beginning in the soles of the feet and extending over the whole body.

General feeling of heat in the body; sweat on the back of the hands and very copious sweat.

[No skin symptoms of importance.]

ERGOTIN.

Ergotin was discovered by the chemist Wiggers, and was believed by Prof. Schroff to contain all the medicinal properties of *Secale*. It has not been used to any considerable extent in this country, and very rarely by our school. In its crude form it looks like an Oleo-resin; a thick syrupy brown substance, with the peculiar smell and taste of good powdered Ergot. The triturations are best made with granulated Sugar of milk.

In the *North American Journal*, for 1859, is to be found a translation by Hoffendahl, of a paper "On Ergotin," by Dr. Kafka, of Prague, who uses the following language:—"Just as Atropine is applicable when *Belladonna* is indicated but appears insufficient, in the same manner Ergotin is to be used when *Secale* does not answer our expectations—perhaps, because the preparation is not reliable, or the remedy is not sufficiently powerful." To which I will add, that the preparations of Ergot are notoriously unreliable, especially when kept for a long time. The trituration of Ergotin (of Wiggers or Bounjeou) is a very convenient preparation, and will keep for any length of time, in any climate.

Kafka's clinical experience with Ergotin was altogether in *uterine hæmorrhage*. He gives the well known indications for

Secale—namely: excessive and protracted menstruation;—menorrhagia; venous congestion of the womb; hæmorrhage from the womb, passive and paralytic, of dark fluid blood, pouring out at every motion or elevation of the body; hæmorrhage during and after delivery; hæmorrhage from cancer of the womb; an insufficient contraction of the womb after abortion, irregular, feeble, deferred, or spasmodic labor pains.” You will observe that all these symptoms except the last one, are secondary symptoms of Ergot. Kafka gave for these conditions grain doses of the first decimal trituration, which is in accordance with the requirements of my law of dose.

The *primary* uterine symptoms of Ergot, are: *very severe spasmodic, very painful contractions of the uterus, almost continuous*: if occurring during menstruation, the flow is scanty, only a few drops; if during labor the pains seem to do no good, for the very severity and continuousness of the contraction do not permit any advance of the foetus; if they occur at other times, they are due to some spinal irritation, and are called “uterine cramps.” *Uterine congestion* of an active, arterial character, such as occurs before inflammations sets in.

When these symptoms occur, you will do injury if you prescribe the first decimal trituration. Keep above the *third* dec. trit., not too frequently repeated.

Kafka gives one case of *protracted menstruation*, one of *hæmorrhage after delivery*; one of *climacteric menorrhagia*;—and one of *profuse menstruation*. In all the cases this characteristic symptom was present—*little or no pain, the blood in dark clots, or dark fluid; aggravated by any motion or mental excitement*.” In all Secale 3rd, was tried ineffectually, while Ergotin 1st, acted promptly.

I have used Ergotin occasionally, ever since I read that article, and its administration has generally resulted satisfactorily. But I use it in other conditions besides uterine troubles. The recent researches of Brown Sequard and other eminent experimenters, show that Ergot, has uniformly this primary effect, namely: *a contraction of the blood vessels in every portion of the body*. In organs like the brain and lungs, the effect is bloodlessness or anæmia. In the uterus and other hol-

low organs it contracts all their tissues as well as their blood vessels.

Its *secondary* effect or reaction, is a relaxation or even paralysis of the coats of the blood vessels; thence passive congestion, hæmorrhages, relaxation of the muscular tissues, and finally their complete paralysis.

Brown-Sequard, Hawley, and others claim that Atropine has this same effect upon the blood vessels of the spinal cord, but I have my doubts. The proofs are not sufficient to satisfy me. Nor is the Atropine useful in any case of hæmorrhage, as it should be if its action was similar to Ergot. I know of no drug that acts exactly like Ergot, unless it is *Ustilago*, a similar fungi. Caulophyllum somewhat resembles it, but how closely we cannot now determine.

In accordance with its pathological effects, and selecting it by its secondary symptoms, I have used Ergotin very successfully in very severe *congestive headaches*, when they occur in persons of lax fibre, large, phlegmatic, lymphatic individuals, whose bloodvessels are doubtless relaxed, and easily distended almost to bursting whenever the circulation is abnormally excited.—Such headaches, usually occur at the *climacteric period* in women, and in old drunkards of both sexes. The pain seems to rise up into the head from the back of the neck—the occiput first suffers, then it extends all over the head, and the agony and distress, more than acute pain, becomes almost unbearable. The face is rather pale and cool, than suffused; the extremities cold and livid. (This is not the case when Belladonna or the Bromides are indicated, where the face is hot and red, with throbbing temples.) The congestion is more internal-central, than general or peripheral. Sometimes the head is drawn backwards by *almost continuous contractions*.

In this condition, Ergotin in doses of 1-10th or 1-20th gr'n, using 1x trit.) given every half-hour, soon removes this sometimes dangerous condition.

In *cerebro-spinal meningitis*, when the above symptoms occur, the Ergotin acts very satisfactorily.

In *passive pulmonary hæmorrhage*, it acts as well as in uterine, in which my experience accords with Kaska's.

There is another very valuable use of Ergotin which should not be lost sight of by our school, namely: its value in *paralysis*. In all the cases of severe poisoning on record, and in all the experiments on animals, paralysis is generally a prominent effect of the poison. Yet the "old school" are now using it extensively in paralysis, and with good results.

Brown Sequard was the first to recommend it in a distinct form of paralysis, and to point out the pathological condition upon which the paraplegia, which large doses of Ergot cures, depends. In his admirable brochure ("*Paralysis of the Lower Extremities*,") he says:—

"This powerful remedy has been employed quite blindly, although its mode of action being better known than Belladonna, it would have been easier to discover in what cases of paraplegia it is able to be of benefit. Ergot, like Belladonna, produces a contraction in the blood vessels of the spinal cord and its membranes, and therefore diminishes the amount of blood circulating in these organs."

The following is a summary of the indications and contra-indications to its use given by Brown Sequard:—

- 1st. Ergot must be employed in cases of paraplegia with irritation of motor, sensitive, or vaso-motor nerves, i. e., in *congestion or inflammation of the spinal cord and its meninge*.
- 2d. Ergot must be *avoided* as an agent only able to increase the paralysis in cases of paraplegia without symptoms of irritation, such as cases of reflex paraplegia, or of non-inflammatory softening of the spinal cord."

These directions for the use of Ergot may do very well for the allopath, but our therapeutics need a broader scope. Let us inquire—*how does Ergot cause paralysis?* Evidently, by causing such an anæmia of the spinal cord, as to diminish or abolish its nutrition, and its vitality.

This is the condition which Brown Sequard describes as being present in *reflex paraplegia*, and in which he declares Ergot to be injurious. And so it would be in massive doses, but we,

who believe in the efficacy of attenuated medicines when indicated, are not confined to the use of Ergot, in material doses: I believe, and have substantiated it in practice, that Ergot is useful in *paraplegia* from *reflex irritation*, i. e., when anæmia of the cord is present, and non-inflammatory softening is imminent. But in such cases the dose must be in the attenuations above the 3x triturations of Ergotin, or above the 1x dilution of a good tincture.

Although it has been decreed that it may be used, and has been used with apparent success in congestion and inflammation of the spinal cord, I do not think that it is safe in large doses, if the disease is acute and intense.

The secondary action of Ergot is *passive congestion* of the cord and its meninges (*engorgement* is a better word.) In active inflammation, I prefer *Veratrum viride*, but in *passive congestion* or *chronic inflammation*, or even the second stage of *spinal meningitis*, (when of a low type) I am willing to accord a curative value to Ergot, and admit that it must be prescribed in material doses, e. g. the 1x of Ergotin, or pulv. Ergot, in 10 gr. doses, or drop doses of a good ethereal tincture or fluid extract, repeated every two or three hours until improvement sets in. In old cases, a dose three or four times a day will suffice.

Finally, you will find Ergotin a valuable remedy in some obstinate *neuralgias*, (sciatica and odontalgia.) In *night sweats*; in *chronic diarrhæa* and *chronic dysentery*; in certain cases of the *hæmorrhagic diathesis*; in *hypertrophy of the uterus*; in *uterine tumors*, *aneurisms*, and probably *varicose ulcers*, and *senile gangrene*.

In the treatment of *uterine tumors*, the hypodermic injection over the hypogastrium, of a solution of the aqueous extract of Ergot, (which is nearly identical with Ergotin,) has been attended with good success. Under its use the tumors gradually decrease in size, the hæmorrhages decrease, and the tonicity of the uterus is restored.

The best preparation is "Squibbs' Aqueous Extract," of which ten grains should be dissolved in one ounce of distilled water, and a few drops (10 or 15) injected under the skin, once or twice a day.

E. M. HALE, M. D.

Translations from Foreign Journals,

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

CONVULSIONS.

BY DR. J. SCHUETZ, OF PRAGUE.

(Continued from page 165 March No. 1875.)

CONVULSIONS OF GROWN UP PERSONS.

(14.) *From affections of nerve centres.* Meningitis tuberculosa may also affect grown persons, but whereas in infancy basilar tuberculosis is an independent disease, i. e., the tuberculosis localises itself at the basilar part of the meninges, and autopsy fails to reveal any lesion in other organs, we find it in grown persons only with coexisting and far advanced affection of the lungs. We find in children as well as in grown persons, according to the severity and extent of the disease, contractions of the muscles of the neck, ptosis of the upper eyelid, dilatation of the pupil, finally sopor; but though convulsions are here so frequently witnessed in childhood, they never were observed in grown persons; in other diseases they are very frequent,—as in

(15. *Apoplexy.* We observe cases, where some times after the apoplexy, when patients and friends hope that reconvalence will soon take place, epileptiform convulsions set in, repeating themselves in longer or shorter intervals.

Rokistansky in his "Text-Book of Pathological Anatomy," teaches us in a masterly manner and with great exactness the fatal exit of apoplexy. He says: 1st. It kills immediately, suddenly (apoplexie foudroyante) or in the course of a few hours or days. Such cases are necessarily fatal from the extensive destruction of the brain, and by pressure on the brain. 2d. It kills immediately after a short course; after a reactionary process takes place in the walls of the focus, by excessive degree of inflammation. 3rd. It kills immediately after a while

through the sequels of the apoplexy or of the curative process, especially from the great loss of brain substance; thus frequently arises a visible atrophy of the fibres lying at the focus, but extending to a great distance from the focus. This atrophy and the formation of the apoplectic cyst produces in a corresponding degree a vacuum in the cranium, and is combined with sclerosis of the medullary substance, producing cerebral marasmus. The vacuum in the skull again produces new diseases of the brain substance and in the vicinity of the apoplectic cyst varicosities of the cerebral blood vessels take place.

Such sequels alone or in combination, increase in importance, the larger the apoplectic focus or the more frequent and the closer together the relapses of the apoplectic fits are. We find here mechanical destruction and tearing asunder of the cerebral tissue, we meet the different phases of encephalitis, we observe the effects of pressure on the brain, and the manifestations following the presence of a vacuum in the cranium. That in such extensive injuries parts of the central nervous system must suffer, is clear, and convulsions may thus be observed after apoplexy, giving very doubtful prognosis, and it will be a reasonable question, if they can be entirely removed after the first apoplectic paroxysm through the progress of the healing process.

Convulsions in such a state are always a symptom of most important changes in the central nervous system. The therapy of such convulsions is merely a symptomatic one, their essential cause is neither known, nor could it be removed, and all we can do is to loosen everything tight, to apply stimulants to the skin—especially sprinkling with cold water. After the convulsions we may apply cold water to the head, stimulating injections or light purges; but the chief indication remains to prevent a return of the fit. The patient must be guarded against mental or bodily excitation and exertion, his food must be easily digestible; his secretions and excretions regulated, cold washing and sojourn in the country recommended. Lukewarm bathing acts not so favorable, nor can we recommend a sojourn at warm or hot springs; though

they are frequently recommended on account of the palsies; nor have electro-therapeutics shown themselves of much benefit in the sequels of apoplexy.

(16.) We see that the sequels found in apoplectic foci may be brought to the account of a more or less extended encephalitis and where the inflammation of the brain extends over a large space, convulsions may or must gradually set in. In many cases necrosis of the brain mass will set in through ossification and obliteration of the blood vessels in the same manner as in *gangræna senilis*.

(17.) *Neoplasmata*, the so called encephalic tumors, may produce convulsions, when they originally attacked certain parts of the brain, or when they draw them in the circuit of disease by further extension or by pressure. We have already shown, that in scrofulous persons convulsions sometimes appear in consequence of tumors, which so far were ascribed to cerebral tubercles; if it is probable to render in such cases a probable diagnosis from the presence of other scrofulous forms, as swellings of the glands of the neck, their suppuration and cicatrization, or from scrofulous caries in the upper and lower extremities; we will find it rather more difficult in other tumors, because in most cases, when the remaining body is in a relatively good state of health, we cannot find anything upon which to base a diagnosis, except we take this very negative state, where convulsions are present, as characteristic for the presence of *neoplasmata*. Its manifestations depend on the seat of the disease, from its growth, from the reaction of the surrounding parts, from the relative pressure, and the reactive power of the whole organism.

In some cases we are only able after some time to give a diagnosis. The prognosis in such cases is always very doubtful, and the therapia a mere symptomatic one. By bodily and mental rest, by a careful diet, cold sponging, by a sojourn in a mountainous or woody region, by a temporary application of Iodide of Potash, we may do something, but the same was spontaneously observed, and at any rate all energetic treatment is objectionable. We especially recommend so-

jour in the country, although in most cases the disease gradually proceeds onwards ; mental disturbances develop themselves, and in such a state it is especially important, to guard carefully such patients, or hand them over to an asylum for treatment, as they may become dangerous during a paroxysm.

(18.) *Cerebral syphilis.* It appears in the form of gummata or callosities, producing the same manifestations as appertain to other tumors or callosities and cicatrices ; seat and extent of the disease, their influence on the immediately adjacent parts of the brain, and preceding symptoms of constitutional syphilis will aid us in the diagnosis, though we must acknowledge, that the study of syphilis in the central nervous system is still in its infancy, and a probable diagnosis only possible.

(19.) *Epileptic convulsions.* Epilepsy, frequently attacking persons in apparent health, makes itself known by certain prodromata, which according to Romberg, are either sensory or motory, or of a psychical nature, and generally are known under the name aura epileptica. It is characteristic of epilepsy, that no material cause can be shown for that disease, and whenever we find such a cause it determines our diagnosis, and the epileptic fits are only concomitant manifestations. As we neither know the cause of epilepsy, nor if supposed to be known are unable to remove it, our prognosis is uncertain and our therapeutics mere empiricism, without any claim to rational treatment. If in single cases the removal of neuromata, the excision of bad cicatrices or by the removal of foreign bodies, or the trepanation of sunken-in sensitive places in the cranium cured epilepsy, it only proves, that the fits were only consecutive manifestations of such states, and epilepsy for itself remains an incurable disease.

The methods tried heretofore for the cure of epilepsy, may be reduced to the application of preparations of Zinc, Cuprum ammoniacum, Chininum sulphuricum, the preparations of Iron, and Nitrate of Silver. *Powell* prescribes the latter always in pills, as the stomach does not bear it well in a fluid form. Hydropathic treatment is also recommended, and I recollect a cure of epilepsy by such treatment.

(20.) *In consequence of other diseases or morbid states.*

(21.) *Hysterical spasms.* Hysteria and hypochondriasis disappear from the text-books of our age, and live only in the memory of the laity and old foggy practitioners. In former times, all manifestations, standing in connection with morbid states, disturbances or irritation of the uterine system, were denoted by the same general name of hysterical states, without making any very exact examination of the uterus (*hysteron*) and its adnexa; it was considered characteristic of hysteria, that it had no characteristic symptom, and that it may manifest itself in ever so many diverse ways, and the uterus must be somehow complicated with it. But now-a-days a strict examination of every organ is required, and we must find out, if we have to do with a primary diseased state of a certain organ, and if all the other organs are relatively sound, or if the morbid symptoms have to be ascribed to other factors, as to the influence of a qualitatively changed blood, to certain nervous disturbances, etc. Just as each organ is liable to some pointed alterations based upon its organization, so are also the fluids circulating in the organisms liable to changes in their qualities, and we may suppose a priori, that such an abnormally qualified blood acts injuriously on the parts which it supplies.

Such qualitative changes consist either in an increase or decrease of the parts constituting the blood, or in a chemical decomposition and reformation, or in the import of deleterious matter. Chlorosis gives us a clear example of the first kind. Most pathologists from Andral to Niemeyer teach, that the microscopic examination of the blood of chlorotic patients shows a diminution of the blood corpuscles. Andral found as a medium number

(a.) Of fibrine 3-1000, physiologically it may fluctuate between 3.5 and 2.5. He gives as extreme limits as maximum 4, as minimum 2.

(b.) The medium number of blood corpuscles is 127-1000. In this physiological state the maximum reaches 140, the minimum 110.

(c.) In the serum of the blood the albumen gave a medium number of 68-70, whereas all solid parts fluctuated above and below 80.

He found at the examination of the blood of chlorotic patients, in 88 cases 31 where the number of blood corpuscles did not rise above 80, and steadily sank to 21, 26, where it fluctuated between 80—100; 18 where it rose from 100 to 115; and finally 13, where it run up to 125.

We all know that blood consists of solids and fluids. The serum of liquor sanguinis carries on metamorphosis and nutrition according to the physical laws of exosmosis and endosmosis. A passing out of the blood corpuscles as a compensation for lost or used-up parts, is impossible according to the construction and nature of the capillaries, and can only happen after injuries of the capillaries and larger or smaller blood vessels. It is therefore, absolutely necessary according to the arrangement of the blood vessels, as well as according to the laws of nutrition that the quantity and capacity of the blood vessels must be proportionate to the quantity of material.

To the existence of health a normal proportion between the solids and fluids of the blood is absolutely necessary, and fibrine and blood corpuscles may regenerate themselves just as well from the liquor sanguinis, as the other parts of the body, and *the liquor sanguinis plays therefore the most important part* in the qualitative disposition of the blood, and a pathological change of the blood-serum produces just as much immediate sequelæ, as its normal physiological condition is known to act directly on nutrition and health of a person.

We perceive the correctness of such views from the manifestations, setting in after severe hæmorrhages, as e.g., post partum hæmorrhages, or placenta prævia. By the sudden loss of blood in its totality anæmia sets in in the shortest time. Such women turn pale, are greatly prostrated, vertigo, surring of the ears, muscæ volitantes, finally fainting and loss of consciousness set in, the pulse becomes small, filiform, hardly

to be felt ; face, extremities, even the whole surface turns cold, the temperature gradually sinks to a marble coldness, and if no cessation of the hæmorrhage follows, death is inevitable.— But where we succeed in stopping the flooding, the cerebral symptoms disappear fast, the pulse again rises, becomes fuller, somewhat accelerated, and by degrees the temperature of the skin returns to its normal state.

Debility and paleness of the skin and of the mucous membranes remain for a long time. All these changes appear in a relatively short time, and it is evident that a *restitutio ad integrum* of the blood did not take place, but the quantity of the blood lost, especially the serum is compensated by fluids taken from outside.

It is impossible during such a restitution, that the solid constituents of the blood could be restored so quickly, and as this only takes place with the fluids, we have a watery blood before us, identical with defibrinated blood. Such a qualified blood is not suitable for metamorphosis, for general nutrition nor for the compensation and preservation of the blood, and we therefore find, that the restoration of the patient, i. e., the time, when the normal relations of the *liquor sanguinis* per se and to the solid constituents of the blood again take place, entirely depends on the state of health of the patient before the hæmorrhage, and we therefore meet patients recuperating after a few days, others after weeks, months, years ;— whereas, others suffer during their whole life from the effects of such hæmorrhages.

A similar state of health may also be produced without hæmorrhage after diverse diseases, as pneumonia, scarlatina, rheumatism, exudations, etc., or even spontaneously without any manifest cause, as we see it especially in chlorosis. Although the final results are the same in the spontaneous or consecutive cases, the ætiology differs.

Hamernyk supposes spontaneous defibrination to be the cause of chlorosis and marasmus. In chlorosis the *liquor sanguinis* becomes primarily diseased by the phases of development, and by an inadequate dietary regime, and then acts

secondarily on the blood corpuscles and on the fibrine, a procedure probably also found in marasmus, and in a retrograde metamorphosis, but under other conditions. In secondary defibrination, as after febrile diseases, in carcinomatous dyscrasia, tuberculosis, cardiac affections and even after considerable hæmorrhages the rapid consumption or the immense decrease, or the absolute loss of the serum is the chief cause of the morbid phenomena; the organism tries to restore the lost serum by importation which is done hastily and greedily, but the proportion necessary for the normal state cannot be restored so rapidly; a watery diluted serum is the consequence, and we witness all the manifestations of *Hydræmia*. This we see in chlorosis by examining—

- (1.) The color of the skin. It is pale, of a greenish shade, hence the name chlorosis, from *chloros*—greenish-yellow, pale.
- (2.) Of the same shade are externally visible mucous membranes, especially those of the lips, nose, eyelids, gums, tongue, fauces.
- (3.) Such a poorly qualified blood shows its effects on the functions of the voluntary muscles, which feel exhausted not only by forced, but also by usual movement; tired sensation, heaviness of the feet and hands, trembling of the fingers and shaking of the knees, are symptoms found at the very onset of the disease.
- (4.) The action of the partially or totally involuntary muscles; the palpitation, the indolent digestion and the languid defecation, the difficulty of breathing and the frequent sighing, are partly caused by the deficient nutrition of the muscles acting on those parts, although the abnormal state of the mucous membrane of the stomach and intestines plays a considerable part in it.
- (5.) Neither the nerves or the nerve centres remain free from the influence of such poor blood. Headaches, the different forms of angina, cardialgia, enteralgia, menstrual colic, the most diverse abnormal sensations and idiosyncrasies; the disgust for animal food, for warm beverages, and the de-

sire for indigestible articles, as clay, coal, chalk, coffee beans, or disgusting articles, as spiders, etc.; the desire for sour and pickled food and drinks; the sensation of constriction in the region of the larynx, or the sensation of the presence of a foreign body in the throat (*globus hystericus*), the sensation of abnormal motions in the intestines; finally surring in the ears, *muscæ volitantes*, dimness of the eyes, abnormal sensations of smell and taste, or the overpowering sensations (fainting) from usual odors, prove the affection of the peripheral nerves, just as the irritability, the downheartedness, the inclination to solitude, the aversion to every amusement, in short, the melancholic tendency indicate the affection of the nerve-centres.

- (6.) After a while the relaxation of the blood vessels can be felt and heard, reaching to its acme in the appearance of murmurs in the jugular veins, especially on the right side.

We thus perceive, that the hydræmic quality of the blood not only influences the action of all the organs, but that it may also produce the most diverse so called nervous phenomena, which reach their acme in *convulsions*.

We find in all so called hysterical persons one or more symptoms, as they are quoted in chlorosis, we find hysterical paroxysms mostly setting in after causes, acting debilitatingly on the organism, we find that the symptoms appear the more complicated and sudden, the more intensive and the more frequent these convulsions show themselves, and by considering such patients hydræmic, I always treated them successfully. The appearance of the different forms of pains; all these general or local spasms are reflex sensations and reflex motions, and we sometimes witness cases where the more severe convulsions with perfect unconsciousness are observed.

The prognosis of hysterical paroxysms is generally favorable, as they pass away spontaneously forever, or are removed by well conducted treatment. Relapses will be fre-

quent, as long as the hydræmia is not entirely removed, which is the more difficult, as such patients through the solicitude of friends, from deficient education, from extraneous circumstances, from mental and bodily habitude, have lost all confidence in themselves, and do not try to get well. In this disease we may justly say: where there is a will there is a way.

We divide treatment into that during the fit, and between the intervals. In the former the usual manipulations, cold compresses, cold washing, rubefantia, injections, etc., may be applied, the latter consists of a strengthening and derivating method. A steady methodical treatment is necessary in hysteria, but then we are sure of success, if our patients would only carry out the treatment recommended. We must therefore gain their confidence, and they must be shown, that only through their own exertions health can and will be restored.

It is of the utmost necessity, to regulate the mode of life in general, to give rules about the quantity and quality of the food and drink, to give attention to occupation, sleep and waking, amusements, etc.; it is especially important to examine the functions of the uterine system, and to regulate every anomaly. Iron and Quinine are considered suitable remedies, but it is well known, that we have to find out, *which* preparation of Iron will suit a given case, and where we give it for a long time, it is advisable to change sometimes the preparation or even to stop it for a while. In some cases the paroxysms are mitigated by Castoreum or Asafoetida. The Aqua Lauro-cerasi has always been a favorite remedy of hysterical women, as also teas of Aurant., Hb. Menth., Hb. Meliss., etc.

Cold sponging, systematically done, is of great importance. The temperature is gradually decreased, and we pass from sponging over to the sitz-bath, half-bath, and finally to the cold bath, for hysteric or hydræmic, or as it is usually called anæmic persons, do not bear well the application of cold. A great adjuvans is fresh air and moderate exercise in a pure atmosphere, especially in woody or mountainous regions, others find great relief at the seashore.

(22.) *Convulsions before death ex inanitione.* In death from starvation or from abstinence from fluids, deliria, twitchings and convulsions set in, in the latter case sooner than in the former. In such cases of suicide every import of water from outside is stopped, the body absorbs for its nutrition every drop of water which it contains—nourishes itself, as the proverb says, “from its own fat,”—causing inspiration of the blood, and detritus of its constituents, and finally symptoms set in, as we find them after sudden and considerable loss of water. It is nearly the same procedure as in the convulsions, which we too often see in children in consequence of severe diarrhœas.

(23.) *Eclampsia toxica*, produced by vegetable or mineral poisons, but also animal poisons, and the introduction of decomposing products of animal secretions into the blood circulation may produce convulsions such are—

(24.) Convulsions, setting in shortly before death in cases of *hydrophobia*.

(25.) Convulsions from *cholæmia*. Frerichs remarks that death from intoxication of the blood sets in if on account of the dissolution of the glandular cells, the function of the liver expires. The patients become restless, complain of headache, deliria and convulsions set in, leading to coma and death. We find such symptoms most frequently in acute hepatic atrophy. He also mentions several cases, where from stagnation of the bile in consequence of shutting up the ductus choledochus and hepaticus; after a lapse of time atrophy of the liver sets in, followed by convulsions and death.

(26.) Convulsions from *uræmia*.

(27.) *Convulsiones gravidarum et parturientium.* In most cases we also find albumen and fibrinous coagula, and the convulsions are caused by ammoniæmia. Albuminaria is present long before the convulsions set in with œdema of the lower extremities and genitals, although in other cases not a trace of albumen could be detected; pregnancy frequently runs its normal course, when suddenly convulsions set in, the cause of which it is difficult to determine. We always give a doubtful prognosis, as death too frequently ends the scene. In one case the convulsions ceased after the cold douche, and recovery followed; in some cases they cease after the birth of the child, and artificial delivery is therefore frequently indicated.

COLLODIUM IN INFLAMMATIONS.—Dr. Fournie recommends the application of Collodium, not only in superficial phlegmasiæ or superficial glandular inflammations, but witnessed great benefit also in metroperitonitis where he coated the whole abdomen with a layer of Collodium. It acts especially well in superficial glandular inflammations around the neck.—He treated three children from 2 to 8 years, where the glands were already softened, the skin reddened and hard. Soon after the application of Collodium (several thin layers one upon another) the inflammatory symptoms subsided, and the softened glandular substance was soon absorbed. It fails entirely in chronic cases, and where abscesses are already present or in suppurating glands.—[*Union Medicale*, 122, 1874.]

Diseases of Children.

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CHOLERA INFANTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MISSOURI

(Continued from page 103, Feb. 1875.)

Before giving a list of the remedies especially called for in convulsions accompanying cholera infantum, it may not be amiss to state that where there exists only tremors, spasmodic contractions of the extremities, great irritability, nervous excitement, and sometimes even well defined spasms of an internal or abdominal character, the medicines previously recommended under another heading are frequently all sufficient to quell the excited nervous manifestations. This is pre-eminently true in the cases requiring such medicines as Ipecac, Cuprum, Aconite, Camphor, and Chamomilla.

There are, however, many cases of cholera infantum, in which the cerebral symptoms are not only well marked and characteristic, but even predominate over the gastric or abdominal. In such cases I have found the following remedies are most efficacious.

Belladonna. This is the remedy where there is general convulsive contraction and rigidity of the whole body, upper and lower extremities, dark red flushes alternating with pallor, hot burning fever, alternating with chilliness and cold surface, dilated pupils, great thirst, but attempts to drink result in precipitating the spasm, involuntary evacuations from the bowels during the spasm, sleeplessness and restless tossing about between the paroxysms.

Hyosciamus. For clonic spasms, bloatedness and bluish color of the face, foam at the mouth, protrusion of the eyes, convulsions are unilateral, loss of consciousness, involuntary emissions of urine, deep comatose sleep with stertorous breathing, during the interval between the spasms, and a general hyperæmic condition.

Nux Vomica. Clonic and tonic spasms, convulsive starts, twitching and spasmodic contractions of the muscles about the eyes, lips and extremities, somnolence, involuntary screams, opisthotonos and tetanic constriction of the jaws. Sometimes when this remedy appears to be plainly indicated but does seem to act promptly enough its near relative,

Ignatia Amara, will, on being exhibited give highly satisfactory results.

Opium. Deep and comatose sleep, spasms are more violent in the extremities, particularly the upper, clenching of the hands, and entire loss of consciousness.

Stramonium. Hiccough, distortion of the face which causes a dull stupid good natured expression, red face, hot surface, sterterous breathing, violently delirious, opisthotonos, convulsive tossing about of the extremities, and suppression of the urine that sometimes amounts to uræmia.

Valeriana officinalis, is indicated where there is great nervous irritation, trembling, twitching and spasmodic contractions of the extremities, violent colic and abdominal spasms.

Veratrum viride is the remedy where the child is anæmic, and there is great arterial excitement, hot surface and opisthotonos.

Zincum metallicum, *Apis mellifica*, *Platinum* and *Stannum*, are remedies that are peculiarly adapted to those cases of convulsions, or rather nervous irritability, that we so often meet with in sub-acute and recurring cases of cholera infantum, and also especially in those cases where there is seemingly a congenital predisposition to hydrocephaloid diseases. *Digitalis purpurea*, is also in those cases where there is a tendency to hydrocephalus, a most excellent remedy.

And finally, in those cases where the cerebral disturbance is late in making its appearance, and the subject has had time to waste away and become anæmic, or in those cases where there is evidently neither hyperæmia or a deposit of serum to occasion the brain symptoms, but on the contrary they arise from a general drainage of serum from the blood, and such cases do occur as previously stated—then such medicines

as *Calcareo carbonica*, *Carbo vegetabilis*, *Nux moschata*, *Podophyllum*, *Rhus toxicodendron* and Sulphur, will prove of incalculable benefit, giving directly curative results.

The above are the principal curative medicines that will be called for in nearly all cases of convulsions accompanying cholera infantum. I wish to say, however, that they cannot be expected to always act "beautifully," "immediately," "like a charm," &c., &c., as many of our over sanguine theorists, and even some of our *faithful* physicians in actual practice would have us believe. "A little faith goes a great way."

On the contrary, they most frequently will be found slow, but if given with due perseverance are very sure eventually to give relief, and we need not be at all surprised when we consider the exciting cause of the cerebral disturbance under consideration. But, the question is naturally asked—is there no means to overcome and quiet this frightful display of convulsions that spreads such terror and consternation in the family and friends of the little sufferer? I say very positively, yes! and this brings us to the consideration of

PALLIATIVE TREATMENT.

All physicians know, when called upon to treat a case of infantile convulsions, whether it be accompanying the active stage of cholera infantum, or arising from any other known cause whatever, that the family and friends of the little patient, in their fright and agitated condition, look for him to do something, and that immediately, to relieve the little sufferer; now under the circumstances what does he propose to do? is he going to tell the anguished parents and distressed friends that eagerly surround and wait upon him with such great expectancy, that they must exercise patience for a time, till the appropriate curative medicine shall have time to act, a period that in the majority of cases will be extended at least calculation to several hours? I say most emphatically, no! and why? simply because if he does make such an answer, he will in all probability, and that with good reasons too, be dismissed

and some other less conservative aid called in to take charge of the case.

But on the other hand, if he says to the afflicted parents with an air of sincerity and candor—be calm, your child shall be relieved, and the convulsions will be quieted within an hour at farthest, the result will be altogether different—in fact, if I am permitted the simile, it will be like “pouring oil on troubled waters,” harmony and order will spring up in place of the supreme confusion which has pervaded all the surroundings, and this alone is almost sufficient to justify such a positive assertion, and the doctor’s orders will be unfalteringly complied with and carried out to the very letter faithfully and understandingly, for the simple reason, that every one will be impressed, through the physician’s plainly manifest confidence in himself, that he evidently knows what he is about, and means exactly what he says!

Will the physician be justified and borne out by the results in making such a positive assertion? I unhesitatingly answer, with the risk of being assailed by theoretical critics, who are too conservative to make use of the means themselves, that he most certainly will; and this I say because an extensive experience in the treatment of convulsions, has taught me that in nine cases out of ten, the prediction will prove true—that is, if the plan of treatment recommended is faithfully carried out. Moreover, I affirm without hesitation, and notwithstanding the protest of theoretical croakers, that no evil after effects whatever will result; but to the contrary, the way will be paved and made clear, so to speak, for the better action of the curative medicines previously recommended.

The palliative, and I might say not unfrequently curative treatment upon which the above remarks are based, without discussion or theorizing as to mode of action, &c., etc., is briefly as follows:—

R̄. Choral hydrate.

Potass bromide, - - - - ā ā ʒi.

Aqua pura.

Syrup aurant cort., - - - - ā ā ʒi.

M.

Of this mixture a teaspoonful is to be administered every fifteen minutes, or as often as the interval between the convulsions will permit, and to be discontinued (but may be repeated occasionally, say every three or four hours, should the tendency to active convulsions not at once disappear) as soon as the convulsions have been quieted, which as before stated, in nine cases out of ten, will be within the space of an hour, a few minutes more or less. During this time the little patient will have taken four or five doses of the mixture, each dose containing about three or three-fourths grains each of Chloral hydrate and Potass. Bromide, making in all within the period of an hour, a maximum, say of 18 grains each.

Now, at first sight, I am willing to admit, this may appear rather heroic, but notwithstanding the hue and cry that has been raised in medical circles about the ill-effects of large doses of the medicines under consideration, I have in a very extensive experience in the treatment of convulsions, never seen the slightest ill, much less fatal results, that could in any way possibly be attributed to such a course of medication.—Nevertheless there are occasionally cases found in which such doses, or in fact the medicines under discussion in any dose, however minute, would be contra-indicated. I refer to those cases where the circulation is sluggish or impeded, or where there evidently exists cardiac lesion, in which instances it would be criminal to make such a prescription.

TOPICAL APPLICATIONS.

Warm. Usually before the physician has time to arrive at a patient he has been called upon to treat for convulsions, the little sufferer will have been immersed in hot water, had hot fomentations applied to the abdominal region, hot cloths to the head, sinapisms to the nape of the neck, &c., &c. Now this, perhaps is all well enough, or I would say hot applications do no harm, and may even afford temporary relief during the spasmodic paroxysm, by relaxing the muscular system, and thereby reducing to a certain extent the spasm and rigidity; but as a means of preventing the recurrence of convulsions, has no beneficial result whatever.

Cold. When we take into consideration the fact, that the kind of convulsions we are discussing, usually arise from a hyperæmic condition, or an effusion of serum into the cranial and spinal cavities, it will at once be perceived that cold and stimulating applications in the treatment are not only appropriate, but quite indispensable.

I usually direct pounded ice to be placed between folds of oiled silk, or in a bladder, and if neither are convenient between folds of flannel, and placed directly over the region of the brain and spinal cord, and on top of this folded towels or napkins to prevent soiling the clothes or bedding, or if this from any peculiarities of the case or surroundings, is found objectionable, the mixture of brandy or whiskey and ice water, as previously recommended under another head, may be applied to the same regions, and will answer the purpose quite as well.

Pieces of ice may also be introduced into the rectum, and owing to the close proximity of this organ to the place where the spinal column ends, and the large nerves that supply the lower extremity, take their exit from the spinal column, will act perhaps, in this way more promptly, than when applied externally.

(To be continued.)

ACNE IN A CHILD, FROM BROMIDE OF POTASSIUM TAKEN BY THE MOTHER.—A case is reported from the *London Lancet*, by Dr. Tilbury Fox, of a child three months old affected by an eruption of acne, which was referred to the use of Bromide of Potassium by the mother. She had taken it for more than a year for epilepsy, with no such effect on herself. That the eruption was rendered. That the eruption was thus produced was rendered clear by its disappearing whenever the mother ceased to nurse the child.

THE ACTION OF FLOUR ON THE TEETH.—The *Homœopathic World*, says: In an article in the "Boston Journal of Chemistry," Dr. Cutter discusses the question whether the prevalence of caries in the teeth is not due to the use of wheaten flour, and advocates the use of whole-grain flour in its stead. It has long been noticed in the country, that in districts where the use of oatmeal prevails, the inhabitants have the best developed teeth and jaws. Oatmeal should be an article of daily diet for children, especially in cases where the dentition is retarded or imperfect.

Practice of Medicine.

C. P. HART, WYOMING, OHIO, EDITOR.

PATHOLOGY OF JAUNDICE.

Le Progres Medical, reporting the proceedings of the Biological Society of Paris, (July 14, 1874) gives the following abstract of M. Raymond's paper:—

M. Raymond stated that he had observed an interesting fact throwing light on the pathology of jaundice, in two phthysical patients under the charge of M. Vulpian. In his pathological course, M. Vulpian wishing to elucidate the various methods in which jaundice originates by means of experiments, remarked that, next to obstruction by biliary calculi, the most common form of jaundice is that produced by swelling of the mucous membrane of the biliary passages, the so called catarrhal jaundice; also that Broussais believed in an extension of the inflammatory process, in what he called gastro-duodenitis.

However, his theory was not popular, and it became the fashion to attribute the jaundice to hepatic congestion; but Virchow confirmed Broussais, showing that the obstruction in these cases was caused by a plug of mucus very near the duodenal opening of the common bile-duct.

M. Vulpian added—"I have twice seen this in men, and have very often verified it in the dogs on which I experiment." This propagation of duodenitis to the biliary passages is very common in dogs, and it often happens that a number of symptoms are set up, like those collectively known under the name of black or malignant jaundice (*ictère grave*); the dog dies with hæmorrhage and ataxo-dynamic symptoms.—[*London Med. Record*, Sept. 30, 1874.

OBSERVATIONS BY E. M. HALE, M. D.

M. Raymond's "discovery," can hardly be dignified by the name. Every observing physician who has practiced in localities where catarrhal difficulties are common, must be familiar with such cases.

The history of a catarrhal attack, especially when epidemic, is incomplete if we do not enumerate jaundice among its re-

sults. The patient gets chilly, sneezes, has a watery discharge from nose, eyes, and fauces ; which becomes thick and tenacious. He coughs first thin then thick expectorations. Then the tongue coats over, first white, afterwards yellow, vomiting and indigestion occurs ; the skin becomes yellow. At this point we know that the catarrh has reached the duodenum, and into the biliary passages. Diarrhœa of colorless to pale fæces mixed with mucus, are apt to occur.

I find that the best remedies for this condition are : Gelseminum and Iodide of Mercury, or Iodide of Arsenic in the first stages. Afterwards Chelidonium, Myrica, Hydrastin and Nux act efficiently against the hepatic obstruction. Digitaline and Iberis, are also useful remedies, if the heart's action is feeble.

SEVERE NERVOUS SYMPTOMS FROM ASCARIDES.—Dr. J. Lockhart Clarke reports (*British Med. Jour.*, Sept. 19, 1874,) the following instructive case :—

A widow lady, aged 34, had been suffering some months from nervous symptoms of a very distressing character. She was frequently affected for a variable period with complete hemiopia, and sometimes she saw what appeared to be thousands of glittering bits of broken glass before her eyes. The right orbicularis palpebrarum was constantly thrown into such rapid and violent spasm, that she was quite unable to keep the eye open. On further inquiry, it was found that she was very much teased by an abundance of ascarides and by distressing pruritis. In other respects, she seemed to be tolerably well. She was ordered four grains of Calomel at night, and an enema of Turpentine in gruel in the morning. A large mass of ascarides was brought away ; and this was followed by a speedy relief of all her symptoms. These, however, returned after a few months, but were again removed by the same treatment.

Injectons of lard would have done as well.

SALIVATION—*Mercurius*.—Dr. Ussher in the *Homœopathic World*, March 1st, 1875, says :—"I have had three instances this month, of a small dose salivating ; "one was from *Merc-Sol.* 2x trit., another from 3x trit., and the most marked from the 2x trit. of *Merc-Cor.* Here I was glad to have *Acid Nit.* 1x, which soon set matters square."

A CASE OF TRAUMATIC TETANUS: *successful treatment by Chloral Hydrate and Bromide of Potassium.*—Dr. J. Carruthers relates (*Lancet*, Sept. 26, 1874,) a case of this, in a boy aged 14. The tetanic spasms came on on the 26th April.—Ten grains of Chloral Hydrate with twenty grains of Bromide of Potassium in syrup and water were given every three hours and on the next day, every two hours. The most marked amelioration of the symptoms was manifested on the third day after taking the Chloral and Bromide. The patient took 1140 grains of Chloral in sixteen days, with the result of the spasms leaving him in eighteen days from the date of the seizure. The peculiar action of the medicine showed itself in various ways. All kinds of delusions ensued.

ENURESIS NOCTURNA.

BY WM. C. BLAISDELL, M. D., MACOMB, ILL.

About two years ago, a lady from a neighboring town called at my office to consult me in regard to her daughter, age 19, who had been afflicted with this troublesome complaint from infancy.

It had always been a great source of annoyance, as she had to sleep on a rubber sheet. She had received treatment from many physicians without any perceptible relief, and had become discouraged.

Prescribed Squilla and Causticum 2d, four drops at a dose, four times a day, alternately, and ordered a sitz bath of cold water nightly on retiring.

Under this treatment she was entirely cured in six or eight weeks, and has since married, and has had no return of her disease up to this date.

[We are pleased to get Dr. Blaisdell's clinical reports, and hope he will write frequently, giving full accounts of cases cured with *single remedies*. The question will be asked in relation to the above case, what were the special indications for Squilla? What for Causticum? Why were both given?—Why the sitz bath also? And will he tell us which cured? Has he tested Nitrate Uranium in this disease?—E. A. L.]

NABULUS FRASERI.

(*Rattlesnake Root.*)

Dr. D. H. Bullard writing from Glen's Falls, N.Y., March 5, 1875, says: "Dr. E. A. Lodge. Seeing 'Rattlesnake Poison,' in *Observer* for March, 1875, and the statement that 'the only reliable remedy is powerful alcoholic stimulation,' &c. I write to say that the *Nabulus Fraseri*, is a positively specific antidote to the poison. Drink a decoction, or chew the leaves, and swallow the liquid.

In certain localities, or mountains on Lake George, 9 miles from here, the Rattlesnake abounds. The people in that vicinity keep this plant on hand, especially the hunters and fisherman, cary it in the pocket, and in case of a 'bite,' at once resort to it by chewing if in the woods, and always, as I understand and believe, with perfect immunity from the effects of the bite.

One man whom I know, (now dead) had an ox bitten by a snake, and administered this to him after the effects began to appear quite serious, and saved the animal as good as ever.

I enclose to you some of the pappus of the plant with seed. I think they may be mature enough to grow. Plant among currant bushes by the side of a fence, or by the side of field fences among hedges or bushes; such locations are where I find it here, but usually in rather barren land, where no grass or sod is. It might do to cultivate it in a garden in a shady place.

Please try it and make such observations on it as you please. Although I have never tested its virtues, I should feel quite safe to meet the foe with a supply of this on hand, from the knowledge obtained from personal friends.

I came near writing you a few years ago when I had seen something on the subject in the periodicals, but deferred it till I can wait no longer in view of such statements as the above.

It can be easily tested upon some animal, as the dog.— Hoping the world will be none the worse for it, I submit it for your disposal, for the public good, as I hope.

Climatology.

ON THE KANAWHA RIVER IN WEST VIRGINIA.

A friend, recently of Detroit, writes from Charleston, the capitol of the new State, under date of February 14, 1875 :

While for the past two weeks the Arctic wave has been sweeping over all the East, West and North, driving the mercury below zero, the spray has touched the shores of the 'Sunny South,' and spreading a mantle of snow upon the hills and valleys, and for a day or two lingered upon our river, spanning it with a thin sheet of ice. While the mercury in Pittsburg has been pressed down to 24° below zero, in Nebraska 30 below, New York and Philadelphia 6 to 8 below, Grand Rapids, Mich., 10 below, and Detroit 17° below, here it only just touched zero on one night—that of the 9th of February. On Saturday, 6th, it began to get rather chilly, and by night it was snowing. It snowed all night, and on Sunday, 7th, the snow was four inches deep, with the thermometer 29° above zero. Monday night was colder, mercury 17° above. Tuesday morning at 3 o'clock the ice floating in the river collected and became stationary, with the mercury at zero or, some say, 4 degrees below—I think about zero. The ice in the river by Tuesday night was about $1\frac{1}{2}$ or 2 inches thick ; clear, frosty weather. Wednesday morning at 9 o'clock mercury 16° above, and by night there was south-west wind and rain, quite warm. The rain lasted all night. Thursday the weather cleared and the sun shone down in all its glory, thawing the ice so that it moved down about thirty feet, leaving a channel through which the row boats managed to ferry passengers at 10 cents a head, the channel being too small for the steam ferry to ply in, and she too weak to break two-inch ice. By the way, we are having a new ferry built which will meet all demands ; this is only a temporary boat in place of the old 'Shoo Fly,' which was burned. The weather has been warmer ever since, and on Saturday afternoon about 4 o'clock, or, I believe it was 6 o'clock, the ice went down about 300 yards, so that now the ferry can run. Last night it moved a little, about one inch or so. To-day (Sunday) is one of the most delightful I have ever experienced. The sun shone bright and very warm, a south-west

wind fanning the cheek. The yellow pine upon the mountains' side tufted with white plumes of snow, and the white trees glistening in the sun, with a clear and beautiful atmosphere, is truly exhilarating. We have not had a fog since I wrote before, nothing but clear, blue sky and invigorating weather. For the past eight or ten days we have had beautiful moonlight nights. I don't know, but it seems to me the heavens are of a darker hue, and the atmosphere clearer at night, than in Detroit, there are so many more stars to be seen. The Weather Recorder says the months of December and March are (all things taken into consideration) the most disagreeable, more rain, etc. He also says, we have had the *longest* and *roughest* winter that has been known for *several years*. Well, *I say* if this has been a rough winter, *what must it be when the winters are mild*. This winter is mild enough for me, I am perfectly satisfied so far with the climate. As I write, the robins, blue birds and some English sparrows are on our fence, and are picking up crumbs from the ground. While speaking of these sparrows, let me say here that Mr. Hale, who owns the Hale House, imported about fifty English sparrows, and any day you can see at his residence numbers of them eating crumbs placed in a dish on the verandah, quarreling and piling on top of one another to see who will be first. There have been robins, blue birds, wrens, sparrows, sap suckers, orioles, red birds, woodpeckers, and numerous other delicate birds, ever since I came to this town, chirping in the arbor vitæ and holly. This proves to me that the winters are not severe.

F. J. LAND.

SUBSEQUENT REPORTS FROM MR. LAND.

- Feb. 24th. Thermometer 75°. Evening rain.
- Feb. 25th. Morning fair. Evening rain. Snow.
- Feb. 26th. Light frost. River has risen 20 feet.
- Feb. 27th. River fallen 15 feet. Rain. Warm and windy.
- Feb. 28th. Cloudy, raw and chilly. Crocusses appearing.
- March 1st. Warm and clear. Crocusses in blossom.
- March 2d. Warm and damp. Therm. 40° shade.
- March 3d. Thunderstorm and rain. Afternoon clear and warm.
- March 4th. Cold last night. Ice half an inch thick. 45° shade.
- March 5th. Clear and delightful. 47° shade.
- March 6th. Sunshine all day, and March 7th, rain all day.
- March 8th. Rain, sleet, raw and chilly. Afternoon warm and cloudy.
- March 9th. Morning chilly, cloudy, then fair. Evening warm.
- March 10th. Warm, 48° shade. Rain.
- March 11th. Atmosphere remarkable clear, 50° shade. Gardening. Farmers planting corn and potatoes. Grass green. Onions up. Tulips budding. Frogs croaking. Windy and warm evening.
- March 12th. Very warm.
- March 13th. Heavy thunder storm last night. Warm day.
- March 14th. Warm. Windows and doors open. Wind south. Since March 8th no fires needed, except for culinary purposes. White frost for two days since last week in February. Willows in blossom. Elms bursting their buds. This is the land of *sunshine*.

AN OPPOSITE OPINION.

"A writer to the *"Detroit Daily Post"* Feb. 1875, under the *nom de plume* "Kanawha" says: The temper of the weather in West Virginia is as fickle as in New York or Michigan, and the changes as sudden and trying, although, of course, the mercury does not run as low. For this reason, I am satisfied, that the climate is not adapted to invalids from the North, or to those suffering from pulmonary complaints. Winter there in its mildest form is disagreeable enough, with its rain, mud, and slush, as all residents who have come from the North will testify. In fact, before I came away from Charleston, on the 1st of December, I think I suffered more from the cold than I have since I have been here, with the mercury often at zero, or below. There is a strange dampness and chill in the atmosphere that pierces to the very bones. From July until midwinter the valley is filled every night with a dense fog, which the sun cannot dissipate before 9 or 10 o'clock in the morning. And although health statistics show to the contrary, I cannot avoid the belief that it is the very climate for bronchial difficulties, chills and fevers, diphtheria and rheumatism to flourish in, and I am free to say that my experience and observation while there fully confirmed me in this view; so that I should not advise any person to go there in search of health.

It has been a darling hope of Virginia since the time of Washington, who first suggested the idea, that a water-way might be opened from the Ohio River to the seaboard, and since the James River Canal was finished the project has assumed new importance, until now it is really expected by the more sanguine, that a bill will pass Congress this winter, appropriating at least a sufficient sum to thoroughly test the question whether such a water route is practicable—a route which the best authority has decided could be put through at a cost of about \$80,000,000. This work would necessitate a system of locks and dams the entire length of the Kanawha, and up the New river from its junction with the Greenbrier, to a point near the summit of the Alleghanies, where a tunnel about seven miles long would be the connecting link with the James River Canal, and so with tide-water. The entire length of this line is about 500 miles; and it is claimed by those who are enthusiastic on the subject to be the only natural and sufficient outlet to the seaboard for the vast products of the great Northwest.

This water course would be exempt from the embargo which closes the Northern lines five or six months of the year, or at least would be closed but but a few days in the severest winters."

WHAT DO THE CENSUS REPORTS SHOW!

The vital statistics of the United States show West Virginia to be a much more healthy region than "Kanawha" States.

West Virginia:

Deaths from consumption,	1,000 in 10,000
Deaths from malarial diseases,	less than 100 in 10,000
Deaths from enteric, cerebro, spinal and typhus fever,	500 in 10,000
Intestinal diseases,	500 in 10,000

In Florida:

Death from consumption,	under 250 in 10,000
Death from malarial disease,	1,000 in 10,000
Death from enteric cerebro-spinal, and typhus fevers,	250 in 10,000
Death from intestinal disease,	500 in 10,000

Even if we grant that the census reports furnish but approximations to the actual truth, we cannot but note that West Virginia is comparatively free of malarious affections, and that Florida is better for consumptives.

E. A. L.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

LETTERS TO A MEDICAL STUDENT.

NO III.

CHEMISTRY.

My dear friend ;—In my last letter I dwelt upon the importance of a most thorough knowledge of anatomy and physiology, and I would now like to say a few words concerning the study of Chemistry. Really, the study should take precedence of the two others, for no man can have a rational understanding of physiology without a knowledge of at least the rudiments of chemistry ; but on account, I suppose, of its difficulty, it is customary to place it third in order, instead of second.

To most young men, chemistry is a dry and dull study, and this it seems to me, arises from the fact that it is little studied in elementary schools, even in those which aim at giving a scholarly knowledge of physiology. Again, if is something which never can be learned from books, and the leaning upon books as sources of knowledge is one of the weak points of the average human mind. Lastly, most of the works on chemistry in common use are exceedingly dull and defective, darkening counsel by words without knowledge. But chemistry is one of the very grandest of the sciences, and, together with anatomy and physiology, it lies at the very foundation of true medical science.

What book on chemistry will you study? I will, in reply, give you my own experience. I asked the same question of my honored Professor of Chemistry and Toxicology—now gone “to the majority” as the Romans phrased it—and he promptly replied “Fownes of course.” So I bought Fownes and spent a good share of my precious first session in trying to adjust Fownes’ crudities to the elegant and lucid lectures of my esteemed teacher. It was a bootless task, so I remanded Fownes to the bottom of my trunk and followed the lucid prelections with which we were favored. I may remark that I had not enjoyed the advantage of much previous reading before going to college. Next summer I tried Fownes again but found that nothing could be made out of it. That was the experience of almost all students over a score of years ago, yet Fownes’ fraud is paraded

on the list of text-books of some of our colleges to this day. Early in my second session, I was in a well-known medical book-store on the war path after a text-book on what I now realized was a fundamental science, when I fortunately stumbled on the "*First Principles of Chemistry, for the use of colleges and schools*," by Benjamin Silliman Jr. M. A., M. D. Professor in Yale College. This book I found to possess in an eminent degree that faculty of emphasizing principles and of making dark things clear which characterizes not a few American text-books, and I would strongly advise you to make it your guide to chemical learning. It will not disappoint you, and I would further recommend "a course of practical chemistry" by Professor Croft of the University of Toronto, and I have heard a little work by Dr. Fish, late of Pulte Medical College, Cincinnati, very favorably spoken of, though I have not yet seen it.

Now will you study Silliman? You will find Part I., which treats of physics, a most excellent introduction to the body of the book, containing at it does a most valuable *resumé* of matter, crystallization, heat and electricity. Part II. treats of chemical philosophy and it seems to be impossible to pack more matter into eighteen pages. Some portions of this part, such as chemical nomenclature and symbols and chemical affinity, may be merely read, but other portions, such as the table of elementary bodies and the laws of combination, the latter especially, must absolutely be committed to memory, for it is well to recognize the fact that certain fundamentals must be thus mastered in one way or another. If you read them over repeatedly it is the same thing as if you committed them by a deliberate act of the mind, and as a general thing it will be found that the latter plan saves time. Do not pass from the pregnant pages of Part II. till you have a most thorough mastery of it, for upon your knowledge of these few pages depends, to a large extent, your knowledge of the entire science.

When you are really sure of your ground, and especially when you really understand the four laws of combination, proceed to Part III. which treats of inorganic chemistry. In reading it try to grasp the leading idea of each element as you come to it. Make notes and read your notes repeatedly. Try and *imagine* the experiments, and finally, perform as many of the experiments as you possibly can. Very much can be done in this line at a very small expense, and in this manner you will be well fitted, for the admirable instruction of our colleges. Part IV. treats of the important subject of organic

chemistry and in reading it bear in mind the famous aphorism of Baron Liebig, "chemistry consists of two parts—organic and inorganic—and no man ever yet had a full understanding of both."

The three studies which we had discussed in this and in the previous letter are fundamental studies common to all schools of medicine no matter how widely they may differ in therapeutics, but there is yet one other branch peculiar to our own school, namely, the Institutes of Homœopathy. This is entirely too much neglected, both by colleges and by practitioners. Not one of our numerous and excellent colleges has a professor or even a lecturer on this most important subject, and all the teachers seem to assume that the young men before them know all about the laws of homœopathy. This is a grand mistake, for not one in five of our students has more than a superficial knowledge of the subject—and yet without that knowledge one can hardly hope to become even an average practitioner. When the present writer was in college, no systematic lectures on the subject were given in either of our colleges, and though one of the Philadelphia Professors bore the title* of Professor of Homœopathic Institutes, Pathology, and Practice of Medicine, the few lectures given on the subject were delivered by the professor of *Materia Medica*, the lamented, the honored Walter Williamson.

I would then suggest that in each of our many colleges—and we have rather too many of them—a chair of the Institutes of Homœopathy should be established, the incumbent of which shall deliver to all the students, during each yearly session, a series of lectures on the laws of Homœopathy, the history, the polemics, the posology, and in fact all that relates to the philosophy of our heaven-born science. If almost insuperable difficulties were not in the way, it would be to me a labor of love to deliver such a course, for I am most thoroughly convinced that such instruction would be hailed with enthusiasm by the students of our school.

How will you acquire a knowledge of the Institutes of homœopathy? Most men, especially if they belong to the sect of strict Hahnemannians, would unhesitatingly say "Read the *Organon* first," but I would advise you to do no such thing. Read Sharp's "*Essays on Homœopathy*" and you will have a better knowledge of the Institutes than if you committed the *Organon* to memory, and many portions of it are worthy of that honor. I have read and re-read it repeatedly, and rise from each perusal with fresh admiration for the veteran author and his grand book. I must say though that I am

speaking of the twelve essays which originally appeared, for I cannot endorse some of the later essays, such as "Organopathy" and one on the anatomical basis of Homœopathy. Read Sharp then and keep on reading Sharp till Sharp's ideas—at least as contained in the twelve essays—are your ideas. *Then* read Hahnemann's Organon, for after reading Sharp you will be in a position to understand Hahnemann, I have a high opinion of the celebrated work and will discuss it and another indispensable book next month.

Yours truly, PORTELANCE.

SOMETHING *NEW* UNDER THE SUN!

We make room below for a few extracts from one of the most remarkable addresses ever delivered by a disciple of Galen before an old school audience. We hardly know how to characterize the ingenious device by which reference is made to our system of practice without using the term homœopathy, or its equivalent, but we suppose it was studiously omitted on the principle of "tempering the wind to the shorn lamb!" Certainly it was not for want of moral courage, for if ever Dr. Dorsey was brave in his life, it was when he publicly combatted the standard and ingrained opinions and prejudices of "old physic." Nor is it any the less a matter of surprise and admiration, when we remember the fact that our "honorable" confrères have just been defeated by an overwhelming vote of our law makers, in an attempt to *abolish (!)* the practice of homœopathy in our State, by making it illegal for *any one (!)*—God save the mark!—to prescribe for the sick, whose diplomas have not the sign-manual of our allopathic brethren attached to them. But we must not detain our readers any longer from the perusal of sentiments, the utterance of which must have made not a few of our "liberal minded" opponents "shake in their boots."

C. P. H.

Extracts from an Address, delivered before the graduating class of the "Medical College of Ohio," Feb. 25. 1875, by Hon. G. Volney Dorsey, M. D.

"It is a lamentable fact that charlatany of the most pernicious character does abound among those who are graduated from regular medical colleges. * * So long as thought is free and reason is our guide in determining the value to be assigned to any given observations and facts, so long will men differ in their conclusions, and even at the risk of preaching heresy, I venture to say that it does not always follow as a matter of course that he who trains with us is always in the right in his conclusions, and he who walks in another

path is necessarily in the wrong. * * The German and English schools are certainly very widely apart [we should think so], and in this country we have good men adopting the views of each. * * They are honest, and their opinions demand our respect. * * To declare that we have all the science and all the truth on our side, and that all who differ from us are hopelessly and helplessly wrong, and as such to be totally excommunicated, is, I fear, neither reasonable nor charitable. * * But that principle of exclusiveness which does not even take the pains to correct its own failings, but demands to be received with all its sins upon its head, need not be surprised to find its pretensions very frequently rejected or even sneered at."

We had marked several other passages in this able and instructive address for quotation, but we can only find room for the following. One sentence in it we have italicised, as it is a striking commentary on the crudeness and unscientific character of their therapeutics, and an unwitting acknowledgement of the perfection of our own!

"We are more liable to lose than to gain by complicated formulas and intricate combinations. *To pursue a direct course to the accomplishment of a well-defined object is the acme of scientific practice.* Did we keep this more steadily in view, we should find in the profession far more confidence in the power of medicines to cure disease, and we should not have men learned in our science declaring that the world would lose nothing were all the drugs and medicines in existence sunk to the bottom of the ocean."

AMERICAN DIPLOMAS.—(*London Medical Record*). The *Philadelphia Medical Times*, one of the ablest and most independent of medical journals has the following rather startling observations on this subject, which occasionally interests our registering boards.—Encouraged by the old saw, 'A continual dropping will wear away a stone,' at the risk of wearying our readers we to-day call attention to the Indiana Medical College as an example of the inevitable results of our American system of medical instruction. In the recent announcement of this college it is stated, 'The Indiana Medical College was organized in 1869, to meet an educational necessity long felt by the profession of the State. It was formed under a resolution of the Academy of Medicine of this city, and received the unqualified endorsement of the State Medical Society.' At present the college forms the medical department of the State University, and has, therefore, every endorsement of respectability, so far, at least, as the outer world can judge. Yet tuition in it is offered free, and attendance only on a single lecture course of about four months' duration is required for graduation. The session opens on October 12, and closes on February 26: whilst the official announcement expressly states, 'Four years of reputable practice are considered equivalent to one course of lectures.' We note these facts not to complain of them, but simply as beacon-lights; not because the profession in this portion of the country is directly responsible for them, or able to change them, but because they are the legitimate and inevitable fruits of that system of medical education which was fastened upon the United States by the founders of the Medical Department of the University of Pennsylvania,—a system still supported by the example, if not the precept, of every medical teacher in the east, outside of Boston.

ANNUAL REPORT OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The following annual report was presented to the New York State, and County Medical Societies by Prof. J. W. Dowling, Dean.

GENTLEMEN.—The New York Homœopathic Medical College has entered upon its sixteenth year. It is my pleasure to report a large increase in the number of students over preceding years. The class of 1870-1, the first under the new administration numbered but 48 students, that of 1871-2, 79, of 1872-3, 101, of 1873-4, 107, and the class of 1874-5, numbers 133 matriculates, an increase of nearly 150 per cent in five years, which in the minds of the Board of Trustees and faculty is conclusive evidence, that our efforts to make this college in every respect a first class institution of medical learning have been crowned with success. Our diplomas are honored and sought after. And we trust that the time will come, if it has not already arrived, when in the minds of honest practitioners, and of the laity, a diploma from the New York Homœopathic Medical College will be ample evidence of the competency of its holder to practice medicine, and surgery successfully.

The following gentlemen comprise the Board of Trustees :

President, Hon. Salem H. Wales.	Secretary, Geo. W. Clarke.	
Vice President, Edmund Dwight.	Treasurer, H. N. Twombly.	
Hiram Calkins.	B. S. Walcott,	Charles Lanier.
Wm. H. Raynor.	B. F. Joslin, M. D.	Sinclair Tousey
D. D. T. Marshall.	L. Hallock, M. D.	Robert L. Stewart.
John D. Van Buren.	Alexander Wilder, M. D.	Elias C. Benedict.
Stephen S. Hoe.		

The faculty of the college including all persons charged with the duty of giving public instruction therein, consist of fifteen professors and five special lecturers: the following are the names of the professors and special lecturers :

- E. M. Kellogg, M. D., Emeritus Prof. of Diseases of Women.
- T. F. Allen, M. D. Prof. Materia Medica and Therapeutics.
- Wm. Tod Helmuth, M. D., Prof. Surgery.
- C. Th. Liebold, M. D., Prof. of Ophthalmic Surgery.
- F. S. Bradford, M. D., } Prof's. of Practice of Medicine.
- J. W. Dowling, M. D., }
- S. Lilienthal, M. D., Prof. Clinical and Psychological Medicine.
- Henry D. Paine, M. D., Prof. of Institutes and History of Medicine.
- A. Ebell, M. D., Prof. of Physiology.
- Geo. S. Allan, D. D. S., Prof. of Histology.
- S. P. Burdick, M. D., Prof. of Obstetrics.
- W. O. McDonald, M. D., Prof. of Gynecology.
- J. A. Carmichael, M. D., Prof. of Anatomy.
- J. T. O'Conner, M. D., Prof. of Chemistry and Toxicology,
- R. H. Lyon, Esq., Prof. of Medical Jurisprudence.
- F. E. Doughty, M. D., Lecturer on Diseases of the Genito-urinary Organs, and Adjunct to the Chair of Surgery.
- P. Arcularius, M. D., Lecturer on Dermatology.
- J. H. Thompson, M. D., Lecturer on Minor Surgery, and Clinical Assistant to the Chair of Surgery.

St. Clair Smith, M. D., Lecturer, Adjunct to the Chair of Materia Medica.
W. N. Guernsey, M. D., Lecturer on Diseases of Women, with Clinics.

We also have a board of Censors, consisting of four prominent physicians, one of whom belongs to the State Board of Examiners, whose duty is (independent of the faculty of the college) to examine candidates for graduation. If in their opinion any candidate or candidates are unfitted for practice, they have the power to refuse to recommend them to the Board of Trustees for the degree of Doctor of Medicine. This examination, which exists only in the New York College, tends to make our requirements for graduation severe, but it does away with the power of any well informed, honest man, to accuse the faculty of favoritism, or of passing students who are unqualified, for the sake of swelling the list of graduates. The censors being as a rule unacquainted with any member of the class, and having been selected for their professional standing and fairness.

The following are the names of the gentlemen comprising this board :

Geo. E. Belcher, M. D.
E. P. Fowler, M. D.

B. F. Joslin, M. D.
L. Hallock, M. D.

The professor of Anatomy, J. A. Carmichael M. D., has, by urgent request of the faculty, filled the position of demonstrator of anatomy, and, with the assistance of Mr. R. K. Valentine, a young man of great promise, belonging to the senior or graduating class, who has acted as his assistant,—has given daily practical demonstrations in the dissecting room.

We have our full quota of subjects, and it is rare that we are at a loss for dissecting material.

The servants of the college consist of a general janitor, and of a competent janitor for the practical anatomy room.

But three of the professors receive any compensation for services rendered to the college, and they, if it could be done consistently, would add their mite towards the one object, we all have in view, our effort to make this college equal in every respect to the best of the old school, or so called "*regular*" colleges—in this country.

The whole number of students for the session of 1873-4, was 107. The number of graduates from this class was 32.

The class of 1874-5, consists as before stated of 133 matriculates, of these probably almost 40 will graduate.

The term or session for study or lectures, in this college commences on the first Tuesday in October, and ends about the first of March following, lasting about 21 weeks.

The mode of instruction is by public lectures, the students being expected to take notes of them. The average number of lectures given daily is nine. These are so divided, however, that the senior students attend five lectures, and the junior, four daily.

Students are not required to recite, but public and private quizzes are given by the professors, and special lecturers. Great interest is

taken in these quizzes, and much benefit derived from them. In addition to these, a society called the Hahnemannian, composed of students, has been formed, nearly all belonging to it. Semi-weekly meetings are held, the members examining each other in the various branches taught in the college.

DISCIPLINE.

The students of a medical college, being generally composed of men, who realize the importance of improving every opportunity for acquiring a knowledge of the profession, which is to give them a livelihood, require in the estimation of the faculty, no rules for their guidance as to behavior, or attendance upon lectures. No roll is called. The classes have invariably been in every respect orderly, gentlemanly, and no occasion has offered for taking faculty action for conduct unbecoming a gentleman.

GRATUITOUS AID.

No provision is made in the college for the gratuitous education of indigent students. But it is not uncommon for the faculty to donate a portion of the fees upon satisfactory evidence, that a student is unable to meet the financial requirements of the college.

STUDY.

A graded course, covering three years of study, and involving a selection of topics, according to the proficiency of the students, has been tried, and found to operate satisfactorily, and is from year to year becoming more popular with preceptors, and students. This system is strongly urged upon students, until the laws of the State of New York, establishing a course of study for candidates, for the degree of Doctor of Medicine, shall be modified. At present it is required that a student shall attend two complete courses of lectures. To quote the words of our late Dean Prof. Dunham, "It is obvious that the beginner cannot advantageously study surgery, obstetrics, and practice of medicine until he shall have mastered anatomy, physiology, and the rudiments of chemistry, a part therefore of his obligatory attendance upon lectures is thrown away. The present method enjoined by law, is much as though a student in our literary colleges was obliged for four successive years, to attend the full series of lectures, listening to explanations of conic sections, and the calculus for example, before he had become familiar with algebra and geometry, a modification of the laws on this subject is greatly to be desired, in the interest of medical education."

The college occupies, and will continue to occupy apartments, fitted up for it under a long lease in the building of the New York Ophthalmic Hospital, on the corner of 3d Ave., and 23d st. The clinics of this hospital are open to the students free of charge. Connected with the college, are wards for the accommodation of patients operated upon before the class. There is also connected

with the college, and mainly supported by it, a dispensary under the supervision of Prof. A. K. Hills, M. D., which was established, that the clinics might be properly supplied with material. The average daily attendance of patients at the dispensary, is nearly 100, a competent corps of physicians is in attendance, and patients desiring visits at their homes are never refused. The fees of the college remain as before.

J. W. DOWLING, M. D., DEAN.

BUILDING HOSPITALS.—Over a quarter of a century ago, during an epidemic of Asiatic cholera, a millionaire requested us to make out a will for him. We remember a large bequest of land, adjoining the city of Cincinnati, for a hospital. This was to be called after his name, and the gift was conditioned upon the city erecting such a building as would enhance the value of the adjoining property belonging to his estate.

The "*National Baptist*" publishes a good article on "Two Ways of Giving," and makes some excellent comparisons and reflections. It says:

Recently, a man in Worcester, Mass., has died, bequeathing to the city \$250,000 for the establishment of a city hospital. The bequest did not involve sacrifice on the part of the giver. The money was designed for this object, when it could no longer be retained in the hands of the owner. The will is contested; an expensive lawsuit will follow; the eyes of the lawyers will stand out with fatness; hard feeling will be engendered; very possibly the testator himself will be abused by both sides, enough to make him turn in his grave; at last, possibly, many years hence the property, or what is left of it, will go towards the designed object; but more likely the bequest will prove futile and the will be broken. It is always the instinct of a jury to decide for the natural heirs, and against a corporation. Nothing is so easy as to prove the insanity of a man, after he is dead, especially if he has left his property in a manner not expected or desired by his relations.

Within a few days, an honored citizen of Philadelphia, has died. We do not learn that he made any bequests. Indeed, we presume he had nothing to leave. While he was in the enjoyment of life and health he gave to a hospital in West Philadelphia the large lot of land on which the hospital stands, devoted through all the time to the relief of the distressed, of whatever creed, race or color. The lot has risen in value, and now is worth at least \$150,000; perhaps more. He further bound himself to raise \$100,000 toward the endowment. This amount he reached and exceeded. He was permitted to see the hospital erected, dedicated, and occupied. He heard the thanks of those whose woes were alleviated. After enjoying a few months of the purest pleasure which Almighty God permits to man, he departed in peace from within the walls, which speak of his truly Christian enterprise, of his grand design; and of the work completed within his lifetime. Shall we insult the common sense of our readers by asking the question, which of these two ways of giving most commends itself? If we have anything to do for God, for man, let us do it; let us do it now; let us do it to-day. Let us not put off the doing of it till after we are in our graves. Let us allow ourselves the pleasure of seeing it done, of knowing that it is done, done in the best way, and of seeing its results. Let us sit under the shade of the tree that we ourselves have planted, and let us, if it pleases God, taste of its ripened fruit.

PATENT MEDICINES AND RELIGIOUS JOURNALS.

Stephen H. Tyng, Jr., the spirited and eloquent editor of "*The Working Church*" a valuable monthly published in New York city, in his issue for March, publishes the following criticism upon the religious journals, such as New York *Independent* and others, who are giving their papers so freely to advertising patent medicines.

A prominent religious journal defends its practice of advertising patent medicines on the assumption that such preparations "have done more good and less harm than the total prescriptions of all the doctors in the world."

This assumption no one has the means of verifying. But if it were true it would afford that journal no justification whatever. It is not responsible for the total prescriptions of all the doctors in the world. It is responsible for making itself an agent for the sale of patent medicines in this country. The doctors in uncivilized countries may be a worse evil than patent medicines. It might be a mercy to introduce into Africa and Fejee some of the most "harmless" patented preparations at three dollars per bottle. But this is not what the paper quoted is doing. It is encouraging people who live in a country filled with educated physicians to be their own doctors. It is commending to their notice drugs that, in some cases, are "harmless"—that is, worthless; that in other cases are inferior in efficacy to those not prepared under patent and obtainable in every town; that, in other cases still, are, from their nature, dangerous in the hands of non-professional persons; and that in nearly all cases are the instruments of deceit, extortion, and physical injury. We hold this to be a flagrant wrong, and none the less because there is a measure of validity in the claims of some patented medicines, and a measure of ignorance among physicians.

We recognize the fact that some patented and advertised medicines have a well ascertained efficacy within a limited range of cases. But that does not justify a journal—above all, a religious journal—in virtually commending such medicines for popular use and for the unlimited range of diseases enumerated in the advertisement. A publisher cannot, it is true, undertake to test the quality of the articles offered to public notice in his columns. Wide latitude must necessarily be allowed the commercial eye, which sees in its own wares an excellence beyond comparison. But when claims are set up which are in their nature fraudulent, and when these claims especially appeal to the weaknesses of human nature, with the evident design of making money from the misfortunes of others without relieving those misfortunes, we hold it to be unchristian to permit the opportunity for deception.

To illustrate: In the article we refer to, certain patented preparations are commended, one of which is advertised in another column of the same paper to "cure with certainty all chronic diseases." More than forty diseases, including consumption and cancer, are afterwards enumerated as within its power. Either the publisher of the paper is a fool to believe that any one medicament can serve so many and diverse remedial uses, or he is neglectful of his duty to protect the public against imposition. He is not a fool, and well understands that the best physicians in the world, using the best remedies that medical science has been able to discover, cannot "cure with certainty all chronic diseases," much less that one remedy in the hands of an unlearned person can have such power.

But the statement is made in the same article that very many country physicians are incompetent, that many sell poor drugs at large profit, and that it is better to take well-known, carefully-prepared preparations from responsible parties than to call in the cross-roads doctor.

It is true that many physicians are incompetent. But none are so incompetent as the sick man who undertakes to dose himself. It is true that some country doctors do not keep the best of drugs, and that some do sell what they have at too high a price. But he makes the poorest investment who, on reading an advertisement which promises a certain cure for all diseases, sends his dollar for a remedy which is "well-known" by means of enterprising display upon back fences and in unscrupulous newspapers, but which, however "carefully prepared" to cure salt-rheum, is good for nothing to cure the poor man from cancer. We say that it is conniving with fraud to endorse such medicines. It is evading Christian responsibility to say that, because an advertised remedy has certain virtues, a publisher is justified in leading people to use it without professional advice. None have a louder calling to be their brothers' keepers than editors and publishers; and in no way can they more easily disregard it, to the destruction of a brother's life, than to leave him to the tender mercies of that "responsible party"—the man who takes out a patent for a panacea.

THE AIR OF CANAL-BOAT CABINS.—(*Galaxy*).—Persons who constantly sleep on board canal boats are very subject to phthisis and other diseases connected with the inhalation of vitiated air. Dr. Cameron, who is sanitary officer to the city of Dublin, made a series of analyses to determine the amount of carbonic acid in the air of the cabins on these boats, which reveal a state of affairs so remarkable that some of his cases are worth quoting.

1. Cabin 183 $\frac{3}{4}$ cubic feet; three occupants, each having 61 $\frac{1}{4}$ cubic feet. No windows, and no ventilator except hatch of 4 square feet. Height of cabin, 3 feet 9 inches.; close iron stove, burning peat. Amount of carbonic acid at 8 A. M. 0.34 per cent.

2. Cabin 4 feet 3 inches high (400 cubic feet); a close iron stove, burning peat; three occupants, but two absent the night before examination. Amount of carbonic acid 0.098 per cent.

3. Cabin 3 $\frac{1}{2}$ feet high (350 cubic feet); stove burning peat. No opening save hatch of 4 square feet; occupants 2 men and a boy. Air at 7.30 A. M. felt very close. Amount of carbonic acid, 0.365 per cent.

4. Cabin 4 feet 10 inches high (360 cubic feet). No ventilators save hatch of 3 square feet; iron stove burning peat; three men asleep in one bed, a boy in another, and two dogs on the floor. Air at 8 A. M. felt oppressive. Amount of carbonic acid, 0.95 per cent.

THE MINERAL CONSTITUENTS OF FOOD.—(*Galaxy*).—Dr. Forster has published at Munich a book on the function of the mineral constituents of food. He concludes that salt is absolutely necessary to the maintenance of equilibrium in the animal organism. The required supply is not great, but if it falls below a certain amount, or ceases entirely, the body loses salts, and languishes, and may even perish. When salt is withdrawn from the food of an adult the processes of decomposition and transformation of matter go on as usual until the elimination of the minerals causes derangements which hinder the conversion of food into the forms which are capable of assimilation. The body therefore fails on the one hand by inability to replace decomposed portions. On the other hand, these disturbances affect life by suppressing necessary functions. What the minimum supply of mineral is the author did not determine; but he points out that the minute quantity of iron contained in the egg and in milk is sufficient to supply the rapidly increasing mass of blood in the young animal.

FILARIA MUSCÆ.—(*Galaxy*).—Professor Leidy has discovered that the *Filaria Muscæ*, a parasite which was first noticed in the house fly of India, infests the common house fly of this country also. It is a thread worm from a line to the tenth of an inch in length, and occupies the proboscis of the fly. Its peculiar position has led to the supposition that some of the human parasites may be traceable to it.

THE NEW SCRIPTURES.

According to Tyndall, Huxley, Spencer, and Darwin. (Boston Journal of Chemistry.)
(Genesis, Chapter II.)

1. Primarily the Unknowable moved upon cosmos and evolved protoplasm.
2. And protoplasm was inorganic and undifferentiated, containing all things in potential energy; and a spirit of evolution moved upon the fluid mass.
3. And the Unknowable said, Let atoms attract; and their contact begat light, heat, and electricity.
4. And the Unconditioned differentiated the atoms, each after its kind; and their combinations begat rock, air, and water.
5. And there went out a spirit of evolution from the Unconditioned, and, working in protoplasm by accretion and absorption, produced the organic cell.
6. And cell, by nutrition, evolved primordial germ, and germ developed protogene, and protogene begat eozoön, and eozoön begat monad, and monad begat animalcule.
7. And animalcule begat ephemera; then began creeping things to multiply on the face of the earth.
8. And earthy atom in vegetable protoplasm begat the molecule, and thence came all grass and every herb in the earth.
9. And animalcula in the water evolved fins, tails, claws, and scales; and in the air, wings and beaks; and on the land they sprouted such organs as were necessary as played upon by the environment.
10. And by accretion and absorption came the radiata and mollusca, and mollusca begat articulata, and articulata begat vertebrata.
11. Now these are the generations of the higher vertebrata in the cosmic period that the Unknowable evolved the bipedal mammalia.
12. And every man of the earth, while he was yet a monkey, and the horse, while he was a hipparion, and the hipparion, before he was an oredon.
13. Out of the ascidian came the amphibian and begat the pentadactyle, and the pentadactyle by inheritance and selection produced the hylobate, from which are the simiadae in all their tribes.
14. And out of the simiadae the lemur prevailed above his fellows and produced the platyrrhine monkey.
15. And the platyrrhine begat the catarrhine, and the catarrhine monkey begat the anthropoid ape, and the ape begat the longimanous ourang, and the ourang begat the chimpanzee, and the chimpanzee evolved the what-is-it.
16. And the what-is-it went into the land of Nod and took him a wife of the longimanous gibbons.
17. And in process of the cosmic period were born unto them and their children the anthropomorphic primordial types.
18. The homunculus, the prognathus, the troglodyte, the autochthon, the terragen—these are the generations of primeval man.
19. And primeval man was naked and not ashamed, but lived in quadrumanous innocence, and struggled mightily to harmonize with the environment.
20. And by inheritance and natural selection did he progress from the stable and homogeneous to the complex and heterogeneous; for the weakest died, and the strongest grew and multiplied.
21. And man grew a thumb, for that he had need of it, and developed capacities for prey.
22. For, behold, the swiftest men caught the most animals, and the swiftest animals got away from the most men; wherefore the slow animals were eaten, and the slow men starved to death.
23. And as types were differentiated, the weaker types continually disappeared.
24. And the earth was filled with violence; for man strove with man, and tribe with tribe, whereby they killed off the weak and foolish, and secured the survival of the fittest.

PATHOLOGY OF INEBRIETY.—Alcoholism, according to Dr. Joseph Parrish, must be looked upon as a secondary condition dependent on the real disorder which he proposes to discuss. In studying the symptoms and conditions which constitute alcoholism, we do not reach its causes and pathology. What is the diathesis, the constitutional tendency, or condition, which leads to the excessive use of alcoholic liquors? He believes the diseased condition to be one chiefly of alimentation. Our appetites vary as to articles of diet; the eating of lime, chalk, clay, etc., shows a disordered alimentation amenable to correction. We are familiar with the demands of appetite or longing in pregnancy, and in convalescence from fever; and the excessive demand for alcoholic stimulants may be placed in the same category. This morbid condition may be the result of disease, or we may recognize in it a prenatal diathetic condition, which may be developed in the years of minority, or after threescore years of sobriety. Observation has led the writer to believe that in many cases the solar plexus is the seat of the disease of inebriety. As in some inebriates mental symptoms predominate, so in others the head is less disturbed, and the gastric region is the seat of suffering. He is not satisfied as to the asserted relation between insanity and intemperance. Sometimes inebriety is the exciting cause of insanity, but the facts are over stated. It is his observation that intemperance sometimes takes the place of insanity; that is to say, a person who is in danger of insanity from excessive mental strain or shock, may resort to the bottle and become oblivious of his troubles by a drunken bout, during which the insane tendency explodes or exhausts itself, and the patient recovers. Dr. Parrish discusses the question of treatment, and says that we must deal with inebriety in public and private as a disease, and that restrictive legislation should be applied to the consumer chiefly. The remote or constitutional causes of insanity cannot be directly reached by law, nor can its proximate causes be controlled, except so far as the individual is concerned, under the operation of his own intelligence and a co-operative public sentiment; and the same may be said of inebriety. The law cannot penetrate the occult forces of our being; it cannot purify the source of disease or divert its current. The real source of prevention is an appreciation by the people of what intemperance really is—a condition of disease that should come as much under the care of the family physician as any other malady. The medical prescription to the inebriate would be uniform and positive, that entire abstinence from intoxicants of all kinds should be the rule of his life, together with the observance of such dietetic regulations as may not offend his sensitive nerve-structure, and the use of such remedies as will promote its renovation, and, if possible, prevent the recurrence of old desires. It is not the appetite for liquor alone, but all the undue cravings of a disordered gastric system, that are to be regulated. It is the general rather than the special condition that is to be treated, and the inebriate should put himself in harmony with the elevating agencies of social and religious life, so that his impaired and enfeebled will may be strengthened, not for the purpose of destroying his natural propensities, but of controlling and regulating them.

A MEDICAL AUTHOR says: "It is only since I have commenced working thoroughly this mine (*a complete set of Observer*), that I have become acquainted with its true value: its *richness* astonishes me. No wonder you take a just pride in the *Observer* when you have seen it grow, year after year, from a comparatively small beginning to be one of the best, if not *the* best, of all our Medical Monthlies.

INTERNATIONAL HOM. PRESSE.—We are sorry to receive the following notice:

PHILAD'A, Feb 16, 1875.

To the Editor of the *American Observer*:—Dr. W. Schwabe, of Leipzig, the publisher of the *Internat. Hom. Presse*, has requested me to notify you that, owing to pecuniary losses in the publication of that journal, all foreign exchanges thereof will be discontinued with the beginning of the current year,

Respectfully yours, EMIL TIETZE.

STATE MEDICINE IN MICHIGAN.

On the 25th of March, in the Senate of Michigan, Mr. Thomas moved to take from the table Senate bill No. 152, entitled, "A Bill to establish a State Board of Censors and to regulate the practice of medicine and surgery;" which motion prevailed. The bill having been read a third time, and the question being upon its passage, it was then passed, a majority of all the Senators elect voting therefor, by yeas and nays, as follows:

YEAS—Mr. Adair, Berrick, Cook, Corey, David, Fancher, Fish, Gray, Jones, Mellen, Mitchell, North, Thomas, Thompson, Warren, White, Wood—17.

NAYS—Mr. Babcock, Cobb, Garvey, Hawkins, Jenks, Morse, Murray, Nelson, Osborn, Redfield, Webber, Wells—12.

Title agreed to.

The following is the text of the bill in full:

A BILL TO ESTABLISH A STATE BOARD OF CENSORS, AND TO REGULATE
THE PRACTICE OF MEDICINE AND SURGERY.

SECTION 1. *The People of the State of Michigan enact*, That it shall be the duty of the Governor, by and with the consent of the Senate, to appoint five physicians, not officially connected with any college or university graduating medical students, and residents of this State, who shall constitute a State board of censors, who shall take the oath of office prescribed by the constitution for State officers. The members first appointed shall be so designated by the Governor that the term of office of two shall expire in two years, on the first day of February, and three in four years. The Governor, with the consent of the Senate, shall biennially thereafter appoint two physicians to hold the office for six years, ending January thirty-first. Any vacancy in said board may be filled, until the next regular session of the Legislature, by the Governor.

SEC. 2. It shall be the duty of the aforesaid censors, and they are hereby empowered, at their discretion, to summon before them any person or persons, residents of this State, who, by sign or advertisement, or by any means whatever, offer their services to the public as practitioners of either medicine or surgery, or who, by such sign or advertisement, simply style themselves doctors of medicine, and shall examine the same as to their attainments in the following branches of learning, and no other:—Normal and morbid anatomy, physiology, sanitary science, surgery—mechanical and operative—chemistry, medical jurisprudence, and toxicology. They shall cause a certificate to be issued to every person who shall satisfactorily pass the required examination. Any rejected applicant can obtain a subsequent examination upon the payment of the examination fee. The fee for examination shall be five dollars, and shall be paid to the secretary prior to the examination in every case.

SEC. 3. The aforesaid censors shall keep a book or register, in which they shall enter the names, places of business, name of the college, or other source of the diploma, of all to whom they shall issue the aforesaid certificate. The aforesaid book or register, or a copy of the same, shall be kept in the library of the State of Lansing. The board shall meet at such places and at such times as they may deem expedient. A majority shall be a quorum for the transaction of business. They shall choose one of their number to be their president, and one to be their secretary, and may adopt rules and

by-laws subject to the provisions of this act. The secretary shall be the executive officer of the medical board. He shall keep a correct register of all the physicians in the State, in accordance with the returns made by the several county clerks. He shall receive all moneys returned by county clerks for the registration of physicians and paid by applicants for examination by the medical examiners, and shall pay the same quarterly to the treasurer, taking his receipt therefor. He shall make an annual report to the Governor of all the transactions of the board; all the by-laws, rules and regulations then in force or about to take effect; a complete copy of his register for the previous fiscal year, and such other matter as the board may direct; and shall transmit a copy of such report to every registered physician in the State, and to such other persons as the board may designate.

SEC. 4. Every person before entering upon the practice of medicine or surgery in this State, after the first day of October, eighteen hundred and seventy-five, shall be required, and they are hereby commanded to obtain the aforesaid certificate from the censors of the State, which certificate shall set forth that said censors have found the person to whom it was issued qualified in all the branches mentioned in section two of this act; and said certificate must be recorded in a book provided and kept for the purpose by the county clerk of the county in which the person receiving the same may reside: Said book, so provided and kept in the county clerk's office, shall have the title and inscription, and shall be called "The Medical Register" of the respective county in which it is kept; and it shall provide for the name in full of the person whose certificate is therein recorded, his post office address, date of certificate, and place of its issue, names of the censors who have signed it, and a place for such additional remarks as may be of public interest; and for making such record and for issuing a certificate of such registration, the county clerk may collect one dollar. The aforesaid medical register shall be always accessible for reference to all persons of this State; and any person who shall practice medicine or surgery in the State whose certificate from the board of censors of the State is not found recorded in the aforesaid medical register of the county wherein such person is actually practicing, may be proceeded against for violation of the provisions of this act.

SEC. 5. Any physician who shall make application to the county clerk of the county in which his office is located, for registration prior to the first day of October, eighteen hundred and seventy-five, and tender to him a fee of three dollars, shall be registered without the examination provided for in section four of this act. Certificates of registration shall be renewed always and whenever the person holding the same shall change his address, and it shall be sufficient to secure a renewal of registration to present to the county clerk of the county in which such renewal is desired, a certificate of former registration and tender a fee of one dollar and twenty-five cents. The county clerk of each organized county of this State, upon proper application, and upon the payment to him of the proper fee, shall issue under his hand and the seal of the county, to each and every person entitled to registration under this act, a certificate of registration, in such form as the medical board may direct. Application for the first registration in any county under this act, shall be made to the county clerk, by the applicant in person; but for a second or subsequent registration, such application may be made in person or by letter. The county clerk shall make a quarterly return to the secretary of the medical board, during the first ten days of January, April, July, and October of each year, of a copy of his register for the last previous quarter, ending with the last day of December, March, June, or September, and shall, at the same time, pay over to the secretary of said board, all moneys received for registration fees, less the sum of twenty-five cents for each person registered: *Provided*, That from the moneys first returned under this act, the county clerk may retain an amount not exceeding three dollars, to be paid by him for a suitable book of registration.

SEC. 6. It is hereby declared a misdemeanor for any person not holding a valid certificate of registration to practice medicine or surgery in this state as herein provided; and any person found guilty of such misdemeanor shall be punished by imprisonment not to exceed one year, or by fine not to exceed five hundred dollars, at the discretion of the court before whom such person may be convicted, nor shall any suit at law or in equity be had or maintained upon any contract or agreement whatever, hereafter made, the consideration whereof shall be either wholly or in part the practice of medicine or surgery in violation of law. Any person who shall knowingly or willfully procure, the registration of himself or another at the office of any county clerk who is not entitled to registration under this act, shall, upon conviction thereof, forfeit and pay a sum not exceeding five hundred dollars, nor less than fifty dollars, and in default thereof shall be imprisoned in the county jail not less than ten days, and such registration, if procured, shall be null and void.

SEC. 7. Any member of said board of censors who shall violate any of the provisions of this act, or any of the by-laws adopted by said board, or who shall be guilty of any malfeasance or misfeasance in his said office, shall, on conviction thereof, be deemed guilty of a misdemeanor, his office shall be thereby vacated, and he shall be fined in a sum not exceeding five hundred dollars, or imprisonment not exceeding three months, or he may be punished by both fine and imprisonment, in the discretion of the court.

SEC. 8. Any county clerk who shall refuse or neglect to comply with the provisions of this act shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined in a sum not less than fifty dollars, and in default thereof shall be imprisoned in the county jail not less than ten days.

SEC. 9. Said censors shall receive five dollars per day for actual time spent in the discharge of the duties of their office, together with all necessary expenses. The board shall quarterly certify the amount due each member, and on presentation of said certificate to the Auditor General, he shall draw his warrant on the State Treasurer for the amount.

SEC. 10. It shall be the duty of the board of censors, quarterly of each year, commencing with the first day of ———, to report to the State Treasurer, in such form as he may direct, the amount of money received by them from the issuing of certificates, and shall pay the amount thus collected to the Treasurer for the use of the State.

The Homœopathic Physicians of the State have sent in to the House of Representatives the following remonstrance against the passage of the Senate Bill, signed by themselves and patrons.

To the Legislature of the State of Michigan:

The undersigned citizens of the State of Michigan, most earnestly protest against the passage of the Senate Bill, No. 152, to create a board of State Censors to regulate the practice of Medicine and Surgery, for the following reasons:

1. That the Bill has not been called for by the people of the State, but is dictated by the American Medical Association to break down all opposition to the dominant school, that they may have entire control of states, cities and towns, as they now have of the army and navy.

2. That the workings of a similar law in Ontario, has not improved the practice of Medicine and Surgery in the Province, but has operated in such a manner, that not a single Homœopathic physician has passed that board for years, and it is not expected that any will, until a change shall take place in the law;

3. That the dominant school have always found means to thwart the clearly expressed wishes of former legislatures, who have been willing to recognize the rights of the minority; for instance, in the appointment of a

State Board of Health, no member of the minority has yet been selected, and again, in repeated acts of former legislatures, creating a Homœopathic department in the State University, an institution supported in part by a tax upon the whole people; still, the dominant school who are urging the passage of this bill, has to this time denied your right to interfere, and has prostituted the Courts of Justice in their behalf, and still enjoy a monopoly of medical education at the expense of Homeopathic physicians and their patrons.

4. That the present Bill will not accomplish the suppression of quackery as asserted, and is not considered equitable in its provisions, fair to the oldest and best qualified physicians, or just to the young ones who are yet to receive their medical education;

5. That the minority have rights as well as the majority, and the appointment of star chamber censors and medical inquisitors is repugnant to the genius of our institutions, whose watchwords should be freedom of conscience, freedom of speech, and freedom of choice.

UNIVERSITY OF MICHIGAN.

The Ann Arbor correspondent of the *Boston Register* writes about the difficulties of the Medical Department in hospital advantages, etc.

"And then the homœopathic dilemma blocks the way. The legislators vote that this small-pill system shall have its chance to be heard in the school, and by its own advocates; while the regents say that though they may believe in the system, they will not bring discord into the councils of the school and hinder its students from coming. The Supreme Court cannot compel them to obey the Legislature, for the four judges are divided in opinion concerning the constitutional right of the Legislature to dictate to men who are chosen by public suffrage. And now the jealous law-makers are unwilling to give money for a hospital, unless they can be respected in their wishes and votes. And without a hospital where is the clinical instruction? And without clinical instruction how is a physician to be thoroughly trained? So now the matter stands. How it will come out no one can tell."

LEGISLATIVE ACTION.

Senate bill 165, for the establishment of a homœopathic medical department of the University, passed the Senate April 13 by vote of 21 to 4. It provides that the Board of Regents may establish a homœopathic medical college as a branch of the University, and may locate it at such place as shall contribute most to its endowment and support. It appropriates \$6,000 annually for the support of the college.

THE UNIVERSITY WARRANTS.

The bill to pay outstanding warrants of the University was taken from the table April 13 in a very full house. Fortunately for the bill, the chairman of the University Committee did not make a speech in favor of it, and it passed, 65 to 24.

HOMŒOPATHIC COLLEGE AT ANN ARBOR.

The Senate bill number 165 above referred to, was defeated April 20 by a vote of 34 to 44. *On the next day the same bill with the restriction locating the College at Ann Arbor, passed the House by a vote of 62 to 21.*

CONIUM MACULATUM.—Death from 100 minims Squibb's fluid extract. The New York *Tribune* of April 5th, 1875, reports: Prof. F. W. Walker, proprietor of an electrical bath establishment at No. 300 State street, Brooklyn, died last Saturday night, of paralysis of the spinal chord, induced by an overdose of the extract of hemlock. Prof. Walker had for two years been afflicted with muscular contraction of the face and eyes, for which he had been treated by Brown-Sequard of New York. For six months past he had been attended by Prof. Agnew and Prof. Webster, of New York, who, prescribed Squibb's fluid extract of Conium (hemlock), a remedy strongly recommended by Prof. John Harley of London. The medicine is a subtle poison, and Prof. Walker was advised by his physicians as to the quantity to be used and the symptoms that would be developed. He returned from a conference with them on Saturday afternoon, and in accordance with their instructions began to take the prescription. It had always been his habit in taking medicines to carefully note their effects. He told his wife that he had been advised by Prof. Agnew and Prof. Webster to take certain medicines, and that she need feel no alarm at their effects, which had been fully described to him. He desired her to sit by his bed and write at his dictation. She did as requested, and he dictated the following statement:

At 4:10 p. m. took 50 minims Squibb's fluid extract of conium; 20 minutes to 5 p. m. effect very decided in dizziness, relaxation of muscles and limbs; 50 minims more then taken; difficulty of walking immediately, and want of power to control movements; forced to lie down, but no mitigation of spasms; limbs and legs weak, unable to hold up head, speech thickening some, pain and heaviness in the top and back part of head; pulse 56.

5:15 p. m. took 50 drops; some nausea, some tremor at base of clavicle and in muscles across the chest just above the sternum; no diminution of spasms about eyes, nor of photophobia.

25 minutes past 5 p. m. drowsiness; inclined to sleep.

20 minutes to 6 p. m. eyes difficult to open, speech difficult, fullness in throat, prostration nearly complete, diplopia (double-sightedness) vastly increased.

6:10 p. m., nausea, twitchings on right side, unable to articulate, eyes closed, fullness almost to suffocation in throat, pulse about 60, in part 6—.

As Mrs. Walker noted the figure "6," she observed an unusual expression of pallor on her husband's face, and started for a glass of water. On returning to his side he was breathing heavily. Dr. Gil-

filian was summoned but arrived after he had expired. The drug was expected to act as a direct sedative, producing a general relaxation of all the muscles. Its failure to produce the anticipated results after taking two doses, induced Prof. Walker to take a third, which terminated his life. The case is considered a remarkable one, and the inquest which will be held at the late residence of the deceased by Coroner Simms, at 4 o'clock this afternoon, will doubtless develop facts highly interesting and valuable to the medical profession.

In connection with this case it will be of interest to our readers to read a very fine paper from the *Art Médical*, by A. Imbert-Gourbeyre, M. D., in the *British Journal of Homœopathy* for April 1875, "On the Death of Socrates by Hemlock etc." We have space only for a small quotation.

** "After having said this he raised the cup to his lips and drank it with wonderful serenity and sweetness. . . . But Socrates, who was walking about, said that he felt his limbs growing heavy, and he lay down on his back, as the man had directed. At the same time the same man who had given him the poison drew near to him, and having examined for some time his feet and legs, squeezed his foot strongly, and asked him if he felt it; he replied in the negative. He then squeezed his limbs, and bringing his hands higher up, he showed that the body was growing cold and stiff, and touching it himself, he told us that when the cold reached the heart then Socrates would leave us. Already the whole of the abdomen was icy cold. Then removing the clothes, for he was covered, 'Crito,' he said, and they were his last words, 'we owe a cock to Æsculapius; do not forget to discharge this debt.' 'It shall be done,' replied Crito, 'but see if you have not something more to say to us.' He made no reply, and a short time afterwards he made a convulsive movement. Then the man removed all the clothes; his look was fixed. Crito, seeing this, closed his eyes and departed." * * *

Was the death of Socrates really due to the great hemlock, the common hemlock, that which Linneus called *Conium maculatum*? Did the poison administered to him contain nothing but hemlock? To these two questions I reply affirmatively, and I proceed to demonstrate this in the following essay: various contradictory opinions have been mooted on this subject. Wepfer* doubts if the Greek poison was hemlock. Melchior Friccius† does not wish to push curiosity so far as to inquire if the common hemlock is the hemlock of the ancients; he thinks it probably they are different plants. Sauvages‡ thinks that Socrates' poison was the *Cicuta virosa* or *aquatica*. To this plant Haller§ refers the *Conieon* of Dioscorides. Murray|| thinks it improbable that the Greeks used our great hemlock, and that Socrates was poisoned by it. J. Frank** and Bulliard†† are for the *Cicuta virosa*. Guersant, in the *Dictionnaire des Sciences Médicales*, has the following in reference to hemlock:—"Theophrastus and Dioscorides not having given us any exact description of the plant they call by this name, and the few details given by the latter being applicable to several species of hemlock now known and which grow in Greece, it appears to me impossible to determine accurately what was the plant of which the ancients speak."

* *Cicuta Agaticæ Historia*, 1679.

† *De Virtute Venenorum Medica*, 1701.

‡ *Nosologia Methodica*, 1768.

§ *Historia Sterpium Helvetiæ*, 1768.

|| *Apparatus Medicaminum*, 1793.

** *Mannet de Toxicologie*, 1803.

†† *Histoire des Plantes Vénéneuses*.

THE MULTIUM IN PARVO REFERENCE AND DOSE BOOK. By C. Henri Leonard, A. M., M. D., 16 mo., pgs. 80. Albert Lodge's Pharmacy, 57 and 59 Wayne St., Detroit, and for sale at American Observer office, 355 Woodward Avenue, Detroit. Price, paper 60 cts., cloth 75 cts.

The issue of a second and enlarged edition of this little book within six months from the date of the first issue, speaks sufficiently of its merits. Though originally designed for the so-called "regular school," it has much that is well adapted for our use; as, for instance, the pronunciation of medical terms, and medico-biographical names; visceral measurements for auscultation and percussion; tests, chemical and microscopical for all urinary deposits; antidotes and tests for poisons; table of fees; obstetric tables and aphorisms, etc.

PHARMACOGRAPHIA: A History of the Principal Drugs; of Vegetable Origin, met with in Great Britain and British India. By Frederick A. Flückiger, Prof. at Strassburg, and Daniel Hanbury, F. R. S. London & New York: MacMillan & Co., 1874, pp. 704.

The title rather misleads one on first reading, as it might be supposed the work only embraced the indigenous plants of the districts named; whereas, the work really includes drugs (vegetable) from *all* parts of the world, and hence, the value of the work to an American pharmacist or physician. It certainly fills a place in our pharmaceutical and medical libraries that has so long been vacant. It is concise, yet sufficiently explicit in the many "salient points" so valuable to have a knowing of. The arrangement of the matter is somewhat unique, yet methodical. The remedies are grouped under their several botanical classifications of their producers, and to each is appended its history (thorough and *important*), cultivation, collection, manufacture, description, chemical composition, *microscopical* structure, commercial statistics, uses, adulterations, etc. The microscope feature is really *new*, and one that promises of much value in the future, especially to the wholesale buyer. Often the expectant results from an administration of a remedy are modified, or suppressed *in toto* by the impurities the drug contains. Anything that can check this wholesale method of cheating, as the microscope may be able to do, is to be warmly commended. The book *should* be in the hands of every apothecary; and it were better if physicians had a copy equally handy for consultation.

L.

EATING FOR STRENGTH: By M. L. Holbrook, M. D. New York, Wood & Holbrook, 13 and 15 Laight st., 1875.

This work comprises: 1. Science of eating.

2. Receipts for wholesome cookery.

3. Receipts for wholesome drinks.

4. Answers to ever recurring questions.

This is a readable and very useful annual, full of practical hints and recipes.

Personal Notices, Etc.

BERRIDGE. We are in the receipt of provings of *Sarsaparilla*, *Moschus* etc., from E. W. Berridge, M. D., of England which will appear in our next.

CLARK. Dr. Sibree Clark, writes from Dresden, Ont., April 17th, 1875, E. A. Lodge, Esq., M. D., Detroit.

Dear Sir—"I was much pleased with the article on "State Medicine" in the March number of the *Observer*. The article has a peculiar interest from the fact that, being cursed in this country with the kind of legislation objected to; an old practitioner of our town had just been fined, and I had written against it in our local paper. I enclose copies of the letters, and if you find anything in them you wish to make use of, you are at liberty to do so."

CUSHING. An article of Dr. A. M. Cushing, "*Hints to Homœopaths*," we are obliged to defer to next number.

HART. Dr. Hart's papers already published have been mainly introductory. We expect next month to commence the publication of the body of his work on Practice, and print from 8 to 16 pages monthly.

HOYT. Dr. W. H. Hoyt is City Physician of Syracuse, New York.

JAMES. Our esteemed Surgical Editor will shortly present our readers with a valuable illustrated article upon "*New Instruments*" fully illustrated.

NICHOL. We are asked if the series of articles on "*The Respiratory Affections of Childhood*" have been discontinued. We reply: These papers have been warmly commended both in Europe and America, and we have not the slightest idea of stopping their publication. Dr. N's engagements compelled him to postpone their continuance for a short time, but they will soon be resumed.

WILDER. We are very sorry to hear that our esteemed correspondent L. de V. Wilder, M. D. had his office and all its contents at Hartford, Conn., destroyed by fire a few months since. He has since removed to Rochester, New York, where we hope he will soon regain all that he has lost.

YOUNG. Dr. J. R. Young is City Physician of Salina, New York.

REMOVALS.

BASSETT. Dr. Wm. M. Bassett from Fowlerville to Saline, Mich.

EMERY. Dr. J. T. G. Emery, from Tuftonboro, to Springvale, Maine.

FRASER. Dr. A. Fraser, from Toronto, Canada, to Detroit.

HOLCOMBE. Dr. W. H. Holcombe, from Cin'i, Ohio, back to New Orleans.

KIRKUP. Dr. E. Kirkup, from Castroville, to Salinas City, California.

MARSH. Dr. L. Marsh, from Greeley, to Central City, Colorado.

MCNEIL. Dr. A. McNeil, from Jeffersonville, to New Albany, Ind.

MCINTYRE. Dr. L. A. McIntyre, from Casnovia to Hesperia, Mich.

ROSEVEAR. Dr. J. T. Rosevear, from Detroit, Mich., to Rockford, Ill.

WADSWORTH. Dr. T. D. Wadsworth, from Chicago, to South Granston, Ill.

WILDER. Dr. L. de V. Wilder, from Hartford, Conn., to Rochester, N. Y.

NOTICES.

NEBRASKA STATE HOMŒOPATHIC Medical Association will meet at Nebraska City on the third Tuesday of May, 1875. The profession are cordially invited to participate. A. C. COWPERTHWAIT, M. D., Sec'y.

Nebraska City, April 1st, 1875.

OHIO STATE HOMŒOPATHIC SOCIETY meet at Columbus Ohio, May 11th.

AMERICAN INSTITUTE OF HOMŒOPATHY meet at Put-in-Bay, Lake Erie, on Tuesday the 15th, and not as before advertised on June 8th.

INDIANA INSTITUTE OF HOMŒOPATHY at Indianapolis, May 4th and 5th.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY, EDITOR.

VERONICA BECCABUNGA.

(*Anagallis aquatica*—*Brooklime*.)

“‘Nursing sore mouth.’ Stomatitis materna. The first decimal internally, and an aqueous solution of the same strength applied to the mouth.”—*Dr. N. F. Prentice*.

Let us take this isolated fact as a nucleus cast into a solution, and see what it will determine in the way of a crystal.

In a rusty-brown folio—*Dodoen’s Historie of Plantes*, “the fyfth booke,” p. 579, London, 1578—we find:—“Brooklime leaves dranken in wine do helpe strangullion, and the inward scabbes of the bladder, especially if it be taken with the roote of Asparagus or Sperage.

They may also be eaten with oyle and vinegar, and are good for them that are troubled with the strangurie and stone.”

Turn we now to a lusty folio which will make any pair of modern knees ache to hold it—“The Herbale of John Gerarde of London, Master in Chirurgerie, very much amended and enlarged by Thomas Johnson, Citizen and Apothecarye of London—Anno 1633.”

On p. 621 our author saith: “Brooklime is eaten in sallads as Water-cresses are, and is good against the Scurvie.

The herbe boyled maketh a good fomentation for swollen legs and the dropsie.

The leaves boyled, strained and stamped in a stone mortar, with the powder of Fenugreeke, Linseedes, the root of marish Mallowes, and some hog’s grease, unto the form of a cataplasm, or pultesse, take away any swelling in leg or arme;—woundes also that are ready to fall into apostumation it mightily defendeth, that no humor or accident shall happen

thereunto." Our author also repeateth that which we have already cited from Dodoens.

Our next remove is to "The Garden of Health: containing the sundry rare and hidden virtues and properties of all kinds of Simples and Plantes. Together with the manner how they are to be used and applyed in Medicine for the health of Man's body, and divers diseases and infirmities most common among Men. Gathered by the long experience of WILLIAM LANGHAM, Practitioner in Physicke." A popular book, for the second edition, from which we quote, bears date London, 1633. Despite Dr. Langham's "industrie and long experience" the only new feature we find is—"Frie it with sheep's suet and apply it to bruses and swellings."

Hoping for a more fruitful reward we turn to "The Theater of Plantes: by John Parkinson, Apothecarye of London, and the King's Herbarist—London, 1640."

"Brooklime and Water Cresses are generally used together to purge and cleanse the blood and body from those peccant humors. They also help to break the stone, and pass it away by urine—which it provoketh also, being stopped. It helpeth likewise to procure woman's courses, and to expel the dead birth. Being fryed with butter and vinegar, and applied warme, it helpeth all manner of tumors and swellings, and St. Anthony's fire also if it be often renewed. Farriers do much use it about their horses to take away swelling, to heale the scab and other diseases in them."

Our next venture will be with "Adam in Eden: or Nature's Paradise—the History of Plants, Fruits, Herbs and Flowers. their several names, whether Greek, Latin, or English; the places where they grow; their description and kinds; their times of flourishing and decreasing; as also their *Signatures*, Anatomical appropriations, and particular Physical Vertues; together with necessary Observations on the Seasons of Planting and Gathering of our English Simples, with Directions how to Preserve them in their Compositions or otherwise.—A Work of such a Refined and Useful Method; that the Arts of Physicke and Chirurgerie are so clearly laid open that

Apothecaries, Chirurgions, and all other Ingenious Practitioners may, from our own Fields and Gardens, best agreeing with our English Bodies, on every emergency and sudden occasions, compleatly furnish themselves with cheap, easie, and wholesome Cures for any part of the Body that is ill-affected. By William Coles, Herbarist, London, 1657."

[Did the appreciative reader notice the line—"best agreeing with our English Bodies"—and note an idea which both Teste and Casanova have claimed as their own?]

William Coles, rest to his bones, was long-winded in a title page; he is equally so in his text, but we shall quote all he saith of Brooklime to show that the trick of making a seventh book out of six predecessors—a process keenly satirized by our encyclopædic C. Hg.—is not peculiar to the 19th century little wits.

"Crollius says that *Purslane*, which I appropriate to the *Teeth*, hath the Signature of the Reines, and I know not why I may not as well say that Brooklime, whose leaves are not unlike those of the former, may have the same. I am sure that all authors that write of it say that may be effectual to break the stone in the Reines and Bladder, and to pass it away by urine, which it provoketh also being stopped, to help the Stranguary, and the inward scabs of the Bladder, the leaves being stamped and strained and the juice given to drink in wine. It helpeth likewise to procure women's courses, and to expel the dead-birth, and is very profitable in the Dropsy.—It is many times used with Water-Cresses and other things in Diet drinks to cleanse and purge the blood from those ill humours that would overthrow the health thereof, especially if it be taken in the Spring-time when the blood is most active; and so it is very helpful for the Scurvy also, and therefore country people when they cannot easily get Scurvy-grass do use Brooklime instead thereof. Being fryed with Butter and Vinegar, and applyed warme, it helpeth all manner of tumours and swellings, and St. Anthonie's fire also, if it be often renewed. The herb boiled maketh a good fomentation for swollen legs and the Dropsy. The leaves boiled and

stamped in a stone mortar with the powder of Fenuy-greeke, Linseed, the roots of Marshmallows, and some hog's grease unto the form of a pultis, taketh away the swelling in the Legs and Arms, which is also powerful in defending wounds that are ready to fall into apostumation, that no humor or accident shall happen thereto. Farriers use it likewise about horses to take away swellings, to heale the scab, and other like diseases in them."

Robert Lovell's *Enchiridion Botanicum*, Oxford, 1665, is avowedly a compilation, and adds nothing to the accounts of his predecessors.

Neither Pomet—*History of Drugges*, London, 1710—nor Tournefort—*Compleat Herbal*, London, 1719—deign to mention Brooklime, and only through Dr. Prentice's mention of it have we been led to ransack the lore of the dead past.

It has been admitted into Hale's Foundling Asylum, and to make good its claim to a permanent residence, we present these credentials of past good behavior, hoping the while that it may be successfully dry-nursed from its second infancy into a lusty manhood of usefulness.

S. A. JONES.

GLEANINGS CONCERNING PYROLA OR CHIMAPHILA UMBELLATA.

1578. "The leaves of Pyrola alone, or with other healing herbes, are good to heale woundes; and boyled in wine and drunken, they heale both inward and outward woundes, fistulas, and malignant ulcers.

Greene Pyrola is also good to be layde upon woundes, ulcers, and burnings, and so is the powder thereof to be strowed upon, and it is good to be mixed with oyntments and playsters, serving for the purposes aforesayde."—*Dodons Historie of Plantes*, p. 135.

1633. "The decoction hereof made with wine is commended to close up and heale wounds of entrailles and inward

parts; it is also good for ulcers of the kidneys."—*Gerarde Generale Historie of Plantes: Enlarged by Johnson, p. 409.*

1640. "Ulcers of the kidneys, or neck of the bladder; it staieth also all fluxes, whether of blood or of humors, as the laske, bloody fluxes, or woman's too abundant courses.—Taketh away inflammation rising upon the paines of the heart, and hindereth any, being presently applied after the hurt received. Useful also for foule ulcers hard to be cured, as also for cankers and fistulas."—*Parkinson: The Theater of Plants, p. 511.*

1657. "Crollius in his book of Signatures puts down *Pyrola* to be a principal Herbe for the Throat, and therefore, saith he, we apply it in Gargarisms; but how to make out the Signature is beyond my poor skill."—*Cole's Paradise of Plants, p. 121.*

The latest ancient mention we can find is in *Tournefort's Compleat Herbal vol. I., p. 565, London, 1719.* He adds nothing to the writers already cited.

We now pass over nearly a century and find it again coming into use in an entirely new sphere.

1804. This remedy has been employed "with manifest advantage in the same cases in which *Uva Ursi* has been found to be so useful."

"Has been used with good effect in some cases of intermittents. In one case its diuretic operation was evident.—The urine discharged was almost black. It appeared as if a few drops of sulphate of iron had been put into an astringent infusion."—*Barton: Collections for an Essay towards a Materia Medica of the United States. Part second, p. 3.*

1814. Patient laboring under ascites; *digitalis*, crystals of tartar, and other diuretic medicines of no effect. He took a strong infusion of the plant. The following nights he voided more urine than he had in the three nights and days previous put together. "The color of his water was changed from that of brickdust to the exact hue of the infusion drank. (That is like green tea.)"

Sir James C. Organic disease of the liver. Tapping necessary. Took the infusion. "Its influence on the kidneys was apparent in two days, for the quantity of urine discharged in twenty-four hours amounted to two pints, and was soon increased to three and occasionally four pints; a decided effect was produced upon the stomach which we had not looked for, namely—an increase of appetite. The strength improved daily, the countenance became less sallow, and the abdomen did not begin to fill for several weeks."

A young man who had drank a pint of the infusion "would have slept well *if he had not been constantly waked by calls to make water.*"

"An agreeable sensation was perceived in the stomach soon after taking it, followed in some instances by an extraordinary increase of appetite."

It has produced sickness at the stomach so that the patient would not continue its use.

"A young woman who took the extract experienced great increase of appetite, as well as augmentation of the discharge of urine of a greenish color. She adds that at the same time, she felt *a most uncommon sensation in the small of her back, in the region of the kidneys, sometimes on one side of the spine, and sometimes on the other, as if something were fluttering within, without occasioning pain or uneasiness of any sort.* She has never experienced the same sensation since she left off taking the medicine."

The Hurons and other Indian nations use it as a diuretic and in gravelly complaints.

Pursch, Flora Amer. Septen, says it is useful in hysteria.

The bruised leaves held to the fire until they were as hot as could be endured, were applied to a shoulder affected with acute rheumatism for three hours. "The application produced great heat, irritation and redness, followed by such sharp pain that profuse sweat over the whole body ensued."
—*Medico Chir. Trans.*, vol. V., p. 340.

1816. "It was very extensively employed, and with excellent effect in many cases of typhus fever, which under the appellation of 'camp fever,' prevailed among the American troops during the Revolutionary War."

"It was used in decoction, and I believe that it was chiefly of service, by exciting perspiration very largely."

"All my trials have convinced me that it is an important anti-lithic."—*Dr. Barton Med. Chir. Trans., vol. vii., p. 143.*

Grauvogl truly says that when palliation is all that is left for us to seek, we are justified in resorting to traditional doses to accomplish our end. I have no doubt but that *Chimaphila* will prove a boon at many a bedside. Its diuretic property resembles that of *Apocynum cannabinum*, and it is noteworthy, that both remedies improve the appetite. This is no small gain in last stages of the heart and of kidney disease.

If I may reason from analogy *Chimaphila*, by altering the arterial pressure, will stop the albuminous loss by the kidneys. Dr. T. C. Fanning and myself have demonstrated that *Apocynum* can. does this; and these remedies run in such parallel lines, that I confidently expect to accomplish as much with *Chimaphila*.

S. A. JONES.

MUSCARINE.

(*Toxic principle of Agaricus Muscarius.*)

BY DR. PREVOST, OF GENEVA, SWITZERLAND.

The *Bibliothique Homœopathique* says:—

"His first experiment confirmed the results obtained by Schmiedeberg and Koppe, that *Muscarius* antidotes the action of *Atropine*; that it arrests the action of the heart in the diastole, by excitation of the intra-cardiac nervous centres; it produces energetic contractions of the intestines, and of the bladder; it contracts the pupil and excites energetically the secretions of saliva, and of the intestinal mucous membrane. A second series of experiments showed that it causes a hypersecretion of the bile, and of the pancreatic juice, and that it diminished the urinary secretion, even to temporary complete suppression."

MAGNOLIA GLAUCA.

A HINT FOR PROVERS.

[M. GLAUCA—SMALL MAGNOLIA OR SWEET BAY.—Wild in swamps north to New Jersey and Massachusetts ; a shrub or small tree, with the oblong obtuse leaves white or glaucous beneath, and globular white and fragrant flowers (2'-3' wide) in summer. The leaves are thickish and almost evergreen, quite so far south.—*Asa Gray.*]

Looking through Prof. Barton's "Collections for an Essay towards a Materia Medica of the United States," I found the following :—

"The bark is an agreeable aromatic tonic, bitter medicine. It has been used in *intermittent fevers*. The flowers have a powerful, and to most persons an agreeable smell. It is an emanation which must be considered as a potent stimulant, or incitant.

I am well acquainted with a physician in whom the newly expanded flower *evidently increased the paroxysm of a fever, which came on every afternoon ; and also increased the pain of inflammatory gout.*

The room in which the flowers of the Magnolia Glauca produced the effects here mentioned was not a small one, and was well aired. It was in the month of June.

The late Mr. S. P., of Philadelphia, was always affected with *a sense of great uneasiness about his chest, and with a strong tendency to fainting* whenever he entered a room where the flower of this Magnolia was.

A decoction of the bark and of the root is said to have been found very useful in the treatment of rheumatic affections."

In Part Second of the same work, Prof. B. writes :—

"The bark is celebrated among the Western Indians as a remedy in rheumatism, and in fevers. Employed in the shape of a decoction it proves gently a cathartic and ultimately sudorific."

"In one case of inflammatory rheumatism. it seemed to produce considerable effect and relief after blood-letting had been premised."

S. A. JONES.

PROVINGS.

BY E. W. BERRIDGE, M. D.

SARSAPARILLA.

(1) Dr. R. M. Theobald took 10 drops of θ at 1 A. M. Woke at 7 A. M. with sharp, cutting pain under thumbnail of one hand, afterwards the other hand. Hurried action of bowels before breakfast.

(2) Miss——, aged 12. *1st day*: Took 10 drops of θ at 9.30 A. M. In 5 minutes slight giddiness and heat all over as if from a close air (it was a cold, rainy day); in an hour, aching pain in centre of chest; inclined to keep still in order to relieve it. At 1 P. M., twitching of right side of upper lip.

2nd to 4th day: Took 10 to 20 drops. In evening of fourth day bleeding from *right* nostril when blowing nose, light colored blood. In the morning very much burning in oesophagus.

5th day: Took 30 drops.

6th day: Woke with fishy, disagreeable taste in mouth, and dry obstruction of right nostril. Took two doses of 20 and 40 drops.

8th day: Headache, heavy in each temple, wanted to lie down.

10th day: Phlegm in throat all day, which she could not detach or swallow. Coryza, especially on right side.

11th day: Bleeding from *left* nostril while blowing nose. Mucus in throat tastes like blood.

(3) Dr. E. W. Berridge took doses of 10 globules of 1600 (Jenichen) one to three times a day.

1st day: A dose at 10.20 A. M., 2.15 P. M., and 5.45 P. M.

2nd day: A dose at 8.45 A. M., and 12.15 P. M. At midnight, throbbing in right temple, soon passing off in an undefined pain.

3d day: A dose at 8.25 A. M., 12.50 P. M., and 8.55 P. M.

4th day: A dose at 9.40 A. M., and 8.45 P. M. Hoarse all day.

5th day: A dose at 9.30 A. M. In afternoon, chilly. Two quickly repeated shoots about inner edge of right scapula.

6th day: At 8 A. M., pain in muscles at inner edge of right scapula (infraspinous portion), worse on moving either arm straight up, from putting right arm to back or from raising it above level of shoulder, and from rising from stooping. Felt it almost too much trouble to write down the symptoms and to seek for their conditions.

Spelt the word "write" "right," and could not think for a minute how it should be spelled. Took a dose at 8.35 A. M. At 10 A. M., pain in middle of back on deep inspiration. At 12.30 P. M. a dose. At 8 P. M., pain still in scapular region. At 8.45 P. M. a dose. To-day, slight soreness in right groin.

7th day: 3.30 A. M. Dreamed of urgent desire for stool, with severe aching in anus; woke and found it was a reality; rose and had a scanty stool preceded by evacuation of much flatus; after stool, dry mouth, and staggering backwards when standing; when sitting in the seat after stool had a desire to urinate but could not; afterwards, when standing, could urinate freely. The pain in anus got better after stool, but went away very slowly; it was relieved by hard pressure upwards in anus. Had had a natural stool the day before. At 11.25 A. M. a dose.

8th day: 8.20 A. M. a dose. Afterwards, during morning, testicles and spermatic cords ache and are tender to touch; the cords are much swollen, with a dragging-downwards feeling in them; afterwards, as this got better in the course of the morning, soreness in left groin worse on touch; in the course of the day it nearly all went off. Took a dose at 12.20 P. M., and 11 P. M.

9th day: A dose at 11.35 A. M.

10th day: At 9.35 A. M. a dose. In the morning, pain in left side of neck on raising head up. At 5.40 P. M. a dose.

12th day: Last night in bed, throbbing pain for a few minutes in right anterior vertex. In the morning, discovered a large red pimple on neck, just behind angle of left lower jaw, smarting severely on being scratched. In afternoon, when walking in open air, stinging in radial side of left wrist; when in doors it was not felt; afterwards when again walking in open air it returned.

13th day: Woke on back, sleeping later than usual; unpleasant dreams. This morning found a pimple, painful to touch, on left zygoma. At 10.30 A. M. transient, tensive feeling (not pain) in region of right submaxillary gland.

15th day: Amorous dreams last night, with erection and copious seminal emission; then woke on back with pain in urethra; afterwards dream without emission. In afternoon, pain in right lumbar region on deep inspiration.

16th day: Bruised pain in *right* eye on turning eyes to *left*. In afternoon, vertigo going round from left forwards to right, when sitting in-doors.

17th day: When walking in open air, stinging in left leg just above knee, anteriorly towards inner side.

20th day: Woke on back, and found there had been an emission, but without dreams.

21st day: Woke on back.

22nd day: Woke on back, and found there had been an emission, but without dreams. Afterwards woke with dry mouth.

24th day: Last night, lying in bed on right side, transient, banging sound in head like the sound of a gong when struck.

27th day: Amorous dreams last night when lying on right side, with emission.

28th, 30th, 32nd and 33rd days: Woke on back.

34th day: Amorous dream. Also afterwards woke on back.

MOSCHUS.

(1) Miss — took 30 drops of 6th centesimal in water at 2.45 P. M. 2.55 P. M., sleepiness, stupid feeling in head.

2nd day: In afternoon, sleepiness with slight aching in forehead.

6th day: Ever since sleepiness with yawning when not actively employed.

(2) The same prover took 3rd trituration. It caused inability to sleep.

(3) Miss — took 1st trituration. Oppression of breathing; anxiety as if something were about to happen. Creeping on top of *brain*. Pricking in body, and “fidgets” preventing sleep.

(4) The same prover took 10 to 20 drops of 6th dilution. Tingling all over body; low spirits; very nervous.

(5) Mrs. — took 3 or 4 drops of 2nd dilution. It made her feel quiet and self-possessed, no fear of anything; is usually nervous and timid.

(6) Miss — took 3 drops of 2nd dilution in water. In fifteen minutes a stupid feeling in forehead.

(7) E. W. Berridge, M. D., took 30 drops of 6th dilution in water. In 5 minutes flat taste in mouth lasting some time. In 35 minutes paroxysms of slight chilliness over body.

PROTOXIDE OF NITROGEN.

E. W. Berridge, M. D., inhaled it. It caused tension in sides of neck, in region of carotids.

CUPRUM METALLICUM.

Miss — took 3 globules of c. m. (Fincke). Weight in right forehead; great oppression of breathing; feeling of general irritability.

ACONITE.

E. W. Berridge, M. D., took Acon. 200. Drinks get into larynx causing coughing.

RAPHANUS SATIVUS.

Miss —, after eating radishes; heavy lump and coldness in centre of chest between mammae, preventing sleep.

PULSATILLA.

(*An Extract from a Lecture Delivered to the Class of Hahnemann Medical College of Chicago.*)

BY PROF. T. S. HOYNE, A. M., M. D.

We shall to-day consider that most important remedy, Pulsatilla ; a drug but little used by the old school, although of considerable importance to the eclectic. Puls. is especially adapted to the ailments of women and children, and individuals with a gentle, good-natured, or mischievous disposition, who easily laugh or weep. It is particularly suitable for persons with pale face, blue eyes and blond hair ; for persons predisposed to catarrh, leucorrhœa and other kinds of blenorrhœa. It is often indicated in chronic ailments arising from the abuse of chamomilla, mercury or quinine. In many mental affections Puls. is of the greatest service, particularly where accompanied with envy, religious mania or melancholy. Dr. Rockwith reports the following case : German woman, æt 32 ; anæmic from nursing and want of food ; leucorrhœa ; *religious mania* ; imagines herself eternally damned ; sees the devil coming to take her ; world on fire during nights ; fear with occasional outbursts of rage, paroxysms of weeping, followed by lucid moments, but with forgetfulness ; cannot follow the course of conversation. Puls. 3 x did much to relieve.

This drug has been highly recommended for rattling in the throat preceding death. Dr. Jno. Moore, among others, mentions a case in which Puls. 200 had this effect. Congestion of the brain is well met by this remedial agent when the face looks yellowish and yet feels hot, with constant chilliness. Patient is better in the open air and worse in a warm room ; absence of thirst. Headaches occurring in persons of a mild yielding disposition are benefited by Puls. when the pain is tearing, pressing, stitching, worse in the evening and at night ; better from external pressure, and in the open air, with aversion to eating and drinking, nausea, vomiting, diarrhœa, chilliness and oppression of the chest.

Dr. H. V. Miller mentions a case in a young lady, blue-eyed, light hair, fair ; severe pain in left causality, continuing all day, worse from heat of stove ; bad breath. Puls. cured in a few minutes. Dr. Galupe considers Puls. indicated in headaches when the pains recurring in paroxysms increase to an intense point of severity, and then

decrease to a complete cessation. Dr. G. R. Parsons reports : Mrs. C., æt 37, large, plethoric, light hair and blue eyes. For years has been subject to spells of headache lasting from two to three days,—ending with vomiting and sleep. The pains were most severe in the sides of the head and in the eyes, as if pushing them out ; pain almost unbearable, especially on going into a warm room. During these spells the patient would always complain of external chilliness. Puls. 200, one dose cured in a few moments, and she has not had a headache since. I will relate but one case from my own practice : Mrs. W., æt 30, has periodical spells of sick headache two or three days before the menses, with vomiting, diarrhœa and chilliness. Menses are scanty. Puls. 200 cured her completely. Puls. may be employed for conjunctivitis when the pain is of a pressing character, accompanied with acrid tears, and aggravated in the evening. Dr. Hills gives the following indications for its use in granular conjunctivitis ; want of thirst ; the granulations generally very fine, sometimes dry, and at others accompanied by excessive secretion of bland mucus and not much photophobia ; anæmics, amenorrhœic females who delight in open air exercise. The heat of the sun is not agreeable, and the wind frequently increases the lachrymation. Cold applications agreeable and refreshing.

Puls. proves beneficial for ulcers of the cornea when the discharge is thick white, or yellow and bland ; eyes better in open air. Also, in pustular keratitis, with profuse lachrymation. Dr. Bojanus gave Puls 200 in a case of hyperæmia of the retina, with scanty menses, constipation and colic. Dr. Small says : A young gentleman, æt 22, who suffered for several weeks with inflammatory rheumatism, which finally fell into his eyes and produced temporary blindness, was cured by a few doses of Puls. Dr. Robinson used Puls. for cloudiness of vision, with a kind of flashing of fire as though she had received a slap in the face.

In the treatment of traumatic inflammation of the eyes, fistula lachrymalis, and syphilitic ophthalmia after suppressed gonorrhœa, this drug is indispensable.

Otorrhœa, when the result of cold, or a sequel of scarlet fever, measles, etc., with tearing, stitch-like pain, redness and swelling of the meatus and inflammation of Eustachian tube, demands Puls. for its cure.

This remedy is frequently of service in epistaxis of anæmic children with blue eyes and blond hair. Puls. is indicated in coryza

when the discharge is thick-yellow, greenish, or badly swelling, worse in the morning ; loss of smell, taste and appetite ; no thirst ; feels better in the open air, and worse in the warm room ; sneezing, chilliness in a warm room in the evening ; sometimes nose bleed, and frontal headache ; usually slight general perspiration toward morning. Especially useful in tender irritable, lymphatic constitutions.

In chronic catarrh *Pulsatilla* is the remedy when the catarrh exists in timid, fearful, mild, gentle or yielding persons. It is indicated also in quick, easily-excited persons, particularly if addicted to excessive smoking. If the patient frequently has a greasy taste in the mouth, it is almost specific. The taste and smell may both be lost, or there may be an agreeable smell before the nose, or, much oftener, the smell as of an inveterate catarrh. The nose is obstructed every evening, and in the morning a thick, yellow, opaque or greenish mucus is blown from the nose. The secretion is sometimes burning. The expectoration is most abundant in the afternoon and evening, and is bloody, greenish or yellow, of a bitter, fatty, salty or disgusting taste.

Dr. Wesselhœft reports the following : An offensive yellowish-green discharge from the nose, of several years standing. The patient was a fair haired, blue-eyed girl of 18, of sensitive, lachrymose disposition, with tardy and scanty menstruation, ushered in with agonizing abdominal pains. Puls. 6 was followed by a severe aggravation. All medicine was discontinued, and in two weeks the patient was not only well of her ozæna, but never had a return of menstrual cramps.

Facial neuralgia in persons of a mild, tearful disposition and phlegmatic constitution, with disposition to diarrhœa, requires Puls. if the attack is brought on by getting the feet wet, or from the abuse of quinine. The pain is twitching and tearing, worse in the evening, and in a warm room, and better in the open air. Dr. Pays relates a case in which the left side of the face was affected. Pains were tearing, drawing and jerking with sensation of heat and dullness of the head ; ringing in the ears and great nervous excitation ; aggravation from talking, chewing, lying on the affected side, cold applications in the day time, and from taking warm and cold things in the mouth. Quinine and morphine injections for ten days failed to cure. Puls was given and she felt better after the second dose ; next day, well.

Toothache in persons with the characteristic temperament is well

met by Puls. especailly if caused by drinking chamomile tea ; or when accompanied by earache and headache confined chiefly to one side. Remember that this toothache always ceases in the open air, but returns in a close, warm room.

Catarrh of the larynx and trachea often indicates this drug, especially if the patient is chilly, thirstless, worse in the evening and in a warm room. Dr. Ingals adds to this: "Cough first dry, afterwards loose, with expectoration of much salt, bitter, yellow, or whitish matter, or else of sanguinolent mucus; hoarseness, with almost complete extinction of the voice ; lancinating pains in the throat and palate ; coryza, with oozing of yellowish, greenish fetid matter ; cough aggravated when lying down, with sensation of suffocation at the same time."

We employ Puls. in bronchitis following measles, accompanied with chilliness, thirstlessness and greenish expectoration. Dr. Meyhoffer uses it in this affection when there is copious muco-purulent expectoration in lymphatic and anæmic females, with irregularities of function in the reproductive organs. Nocturnal paroxysms of dyspnœa, gouty or rheumatic pains, flying about from one part of the body to another, worse all night.

Dr. Colburn relates the following: Mrs. M., eight months pregnant, has a harrassing cough, excited by tickling under the sternum ; dry and worse towards evening, at night, and in a recumbent posture, preventing sleep till after midnight ; loose during the day with expectoration of yellow bitter mucus. Puls. 1600 one dose, cured.

Puls. is specific in those cases where the cough is moist and loose during the day, with dry and titillating cough at night in a recumbent posture. I used in the following case the 70,000th with success. M. æt 49, mild disposition, predisposed to lung affections, caught cold, and bronchitis set in, which soon ran into a chronic form. Various medicines were used unsuccessfully. After six weeks the following symptoms were present and persistent: diarrhœa in the morning ; cough moist and loose in the day, with copious expectoration of yellowish-green matter ; cough dry and titillating at night when in a recumbent posture, preventing sleep. The patient imagined she had consumption, and was disposed to weep.

This drug has been employed to some extent in pleurisy, but only when the symptoms just enumerated are present.

In pulmonary tuberculosis it is seldom of much benefit, except in those cases where the patient cannot bear fatty or rich food, and

when the cough is greatly aggravated at night in a recumbent posture. Dr. Spence reports the following case: Miss —, æt 37, has had several hemorrhages, and supposes herself incurable. Symptoms: smothered feeling in left side of chest, with sensation of fluid dropping; menses every three weeks, clotted and dark; flushed face and fullness of head at periods; hacking cough and soreness of lung, worse at periods; milk bloats her and causes fullness of head; cold feet and hands; better in morning and open air; worse in warm room, craves acids. Puls. 30 cured in four months. Asthma, which is worse in the evening, and is accompanied with constant chilliness, dizziness when rising from a seat, nausea and vomiting, palpitation of the heart and deranged menstruation, is immediately relieved by this medicinal agent.

Hemorrhage from the lungs requires Puls. when the blood is dark and coagulated, especially during suppressed menstruation.

This drug is useful in the first stage of whooping cough, especially in children with blond hair, blue eyes, and of a mild, yielding disposition.

Frequently Puls. is serviceable in pericarditis, particularly when the patient weeps easily, is thirstless, changes position often, has a loose, rattling cough, worse on first going to bed, diarrhœa and rheumatic pains, which wander quickly from one part to another. Also, in nervous palpitation of the heart in young girls about the time of puberty, or during suppressed menstruation. Several cases of insufficiency of the mitral valves are reported to have been cured by Puls.

Dr. Hornby relates a case of phlebitis cruris cured with Puls. 15 internally, and 20 drops of the tincture in a pint of lukewarm water externally.

Gastritis, after eating fatty substances, pork, pastry, rancid butter, etc., demands Puls. if there is no appetite, no thirst, bitter taste in the mouth, everything tasting bitter, dizziness when rising from a chair, and chilliness. The same remedy is useful in gastralgia, with similar symptoms, pain after eating, and sour vomiting. Dr. Spence reports the following case of dyspepsia, which well illustrates its action in this affection. C., æt 27, complains of aching pain in stomach, worse after eating; bitter taste in the mouth in the morning; feels bloated two hours after eating; cannot bear clothes tight on the abdomen; empty feeling of stomach and bowels; no thirst; light hurts her eyes and makes her nervous. She feels better in the

open air ; has bearing down right at anus, not relieved by stool, leucorrhœa. Puls. 30 cured. This medicine relieves catarrh of the stomach in mild and gentle persons, with aversion to meat, a thickly coated tongue, and dryness of the mouth, particularly if occasioned by ice cream or cold beverages.

Dr. Boullon used Puls. in a number of cases of gastro-intestinal catarrh in children from one and a half to seven years old. They were pale, peevish, fretful, of changeable mood ; feverish, chilly feelings, poor appetite, bloated abdomen ; painfulness of the pit of the stomach ; coated tongue ; irregular alvine discharges, undigested, whitish, frothy, green and slimy, six or seven times a day or less often. Skin dry sometimes, with increased temperature, or covered with sticky perspiration ; gradual emaciation.

The same remedy is also serviceable in intestinal catarrh of adults, with disordered stomach, nausea, vomiting, greenish diarrhœa, worse at night, chilliness, etc. Dr. J. Moore reports the following : profuse watery diarrhœa ; restless and sleepless all night, with quiet sleep about 6 in the morning for about an hour. Pulse 200, one dose cured. Dr. Cushing reports two cases of diarrhœa, cured with Puls. in which this symptom was present ; as soon as they begin to eat they must go to stool.

Dysentery is another affection in which Puls. is often indicated. Discharges white, slimy, and blood-streaked, worse at night, with white, coated tongue, slimy vomiting, sticky taste in the mouth, evening chilliness and great difficulty in breathing.

Cholera morbus is well met by this remedy when the symptoms just enumerated are present. Dr. Moore mentions the following case : cholera morbus from drinking ice water, which had been four weeks under old school treatment. Tongue white ; clammy taste ; restless and sleepless during whole night, but would get an hour's quiet sleep about 6 in the morning ; no appetite ; bowels torpid, quite free from pain ; always felt better in the morning, aggravation commencing in the afternoon. Puls. 200 one dose. Better and continued to improve, but on the fourth day, the bowels not having moved, Nux 200 was given, and bowels moved in a short time.

Hiccup coming on after eating cold fruit, is quickly relieved by this drug. Puls. may be employed for blind and flowing hemorrhoids in mild, gentle and tearful persons, when accompanied with faintness, evening chilliness, pain in the back, colicky pains, dryness and bad taste in the mouth every morning. Bloating of the abdo-

men in consequence of eating fat, rich food as pastry, warm cakes, pork, fruits, etc., often gives way to a few doses of Puls. Colic from the same cause and from getting the feet wet, aggravated at night, with grayish diarrhoea, white tongue, chilliness, thirstlessness, faintness and paleness of the face also indicates it.

Puls. is beneficial in hepatitis and other affections of the liver for these symptoms ; changeable stools, no two alike, or green slimy diarrhoea, worse towards evening or at night ; anxiety, chilliness, thirstlessness, oppressed respiration. The following urinary affections are often relieved by this drug : 1. Hæmaturia, when there is drawing, cutting pain around the navel, into the small of the back ; penis and scrotum drawn up ; crampy pains in the right leg from the knee to the groin ; more useful for females with discharge of dark colored clots. 2. Retention of urine, with heat in the region of the bladder and uneasy pain in the abdomen, accompanied with urinary tenesmus. 3. When catarrh of the bladder has produced engorgement and consequent exudation into the tissues of the bladder, attended with slimy mucus or purulent discharge. 4. Spasm of the bladder in hysterical females, when the spasm is characterized by constrictive pain in the region of the bladder, with urinary tenesmus and involuntary emissions of a little urine. Cystitis, after exposure to cold, is well met by this remedy when the urine deposits a slimy sediment, which adheres to the vessel ; and there is tenesmus and stinging in the neck of the bladder, the pain continuing a time after micturition.

Puls. should be given for suppressed gonorrhœa, with swelling of the testicles, contraction of the passage, and discharge of dark colored blood, with tendency to inflammation of the eyes, particularly in mild, gentle persons with light hair. In gonorrhœa of the female it is very efficient for painless discharge of thickish, milky mucus, with burning, stinging pain, swelling of the labia and cutting pains at the mouth of the uterus.

In chordee, arising from suppressed gonorrhœa, or in case of venous congestion of the penis, it is frequently indispensable. Also in prostatitis, with great heat and pressure in the perineum, frequent and almost ineffectual urging to urinate ; frequent erections with loss of prostatic fluid ; constrictive pain extending to the bladder, with

pressure as from a stone. Epididymitis reminds us of this drug when pressive and tensive pains extend up into the abdomen ; the right testicle is drawn up and swollen, but the left is hanging down relaxed ; or the testicles hang down very loosely with drawing tensive pains passing out of the abdomen through the spermatic cord. In venereal rheumatism it has been employed when the discharge has been suppressed by injections. The pains wander quickly from one part to another. Orchitis from suppressed gonorrhœa is another affection in which Puls. is very serviceable.

We use the remedy under consideration in masturbation of females when the practice has given rise to leucorrhœal discharges or hysterical symptoms. Leucorrhœa, milky and painless, with backache ; menses profuse of a dark or blackish color ; great sexual excitement.

Hydrocele, when the swelling is of a bluish color, is well met by Puls. particularly in persons subject to varicose veins, and of a lymphatic constitution, with blue eyes and light hair. Varicocele also, in persons of a similar temperament. Spinal irritation due to sexual excesses or masturbation, requires Puls. when there is weariness and stiffness of the back, seminal emissions, with excited sexual desire.

In the following affections, Puls. is a very important remedy.

1. Ovaritis from getting the feet wet ; pain shoots upwards to the side ; suppression of the menses with nausea, coldness of the body, chilliness and trembling of the feet, pressure on the bladder and rectum ; thirstlessness ; weeping, meek disposition.

2. Leucorrhœa—burning discharge, thin and acrid, milky ; thick and white without pain ; when lying, or before and during the menses which are scanty ; inclination to looseness of the bowels ; chilliness, thirstlessness, peevishness, sadness.

Dr. Martin relates the following cure : Mrs. H., aged 23, pain in left side, from under the false ribs around to the back. Yellow leucorrhœa, not very thick, constant ; most at the menstrual period ; back always feels weak ; no pain during menstruation ; natural in color and quantity ; occasional sharp shooting pains through the head, sometimes in the occipital and sometimes in the frontal region ; feels very tired in the morning ; in the day time feels better after a short sleep than after a long one ; has sometimes palpitation in the cardiac region. Violent exercise is very exhausting ; perspires easily ; sleeps at night with her arms over her head and feels stiff on rising. Puls. 5,000, one dose cured.

3. Metritis, after getting the feet wet, or from suppression of the lochial discharge, with deficiency of milk, chilliness and thirstlessness.

4. Displacement of the uterus, with the characteristic symptoms.

5. Metrorrhagia in mild persons with habitual looseness of the bowels and scanty menses; blood dark and coagulated emitted in paroxysms; aggravation in the evening with labor-like pains.

6. Amenorrhœa at the age of puberty, or suppression from getting the feet wet, in mild, gentle, tearful women, with pale yellow face, dyspepsia, diarrhœa, chilliness, faintness, and aggravation in a warm room.

7. Dysmenorrhœa, with similar symptoms and catarrhal affections of the stomach, pressure in the pit of the stomach, colicky pains, diarrhœa, etc.

8. Threatened abortion.

Dr. Lilienthal—Mrs. H. æt 35, pregnant 6 months; after a violent blow on the abdomen, and next day getting the feet wet, severe paroxysmal colicky pains all over the abdomen followed; could not keep her feet still one moment; was restless all over. Coloc. and Rhus gave no relief. At the same time a semi-sanguineous foul-smelling discharge set in, per vagina, with bearing down pain; felt very drowsy, yet unable to sleep. Nux-mosch 200. Slept all night and all pain gone. After a few days took Puls., which discharged dead fœtus.

Dr. Gardner—Mrs. B. threatened abortion after fright; walked about a mile through deep snow. Violent labor pains confined to left side, caused her to cry out and weep; occur about every fifteen minutes. Flow of dark blood between the pains, with some large clots; violent chills between pains; wants much covering; during pains chilliness. No thirst, slimy taste in the mouth. Puls. 200 every 15 minutes; four doses cured.

9. Chlorosis, with faintness, chilliness, diarrhœa, etc. Dr. Goullon reports the following: Puls. 9 morning and evening, removed a stubborn vomiting of everything in a Miss æt 19, suffering from chlorosis. She looked almost blooming, but had irritable palpitation from the slightest causes, even to the severest loudly-hammering beating of the heart. Dysmenorrhœa and scanty menses, cool skin, hot flashes, transitory redness of the cheeks.

10. Puerperal fever. The following case by Dr. Lippe will illustrate: Suppression of urinary and lochial secretions; cold perspira-

tion over the whole body; eyes swollen; hands and wrists cold; could not discern any person; head felt too full, or if the skull was lifted up; when she closed her eyes she saw pictures and all sorts of strange sights; heard all kinds of operatic airs; had to lie constantly on her back; complains of labor-like pains, compelling her to press downward, considered herself dying. Puls. 200. A large quantity of retained spurious liquor amnii was discharged with relief of all the symptoms.

11. Phlegmasia dolens. Dr. Hawks reports the following: J., æt 26, one week after confinement, pain and swelling in the left leg; limb pale white color, and considerably swollen below the knee; hard, knotty swelling, a little below the popliteal space, which was intensely painful when touched, or when the limb was moved. Puls. 3, fomentations and rest cured.

12. Mal-presentations. I do not think that this is clearly shown as yet, although there is considerable evidence in favor of it. Puls. has been used to some extent in the treatment of epilepsy.

Dr. Cox records the following case: Miss C., aged 21, epilepsy since two years, phlegmatic temperament, stout. Falling suddenly insensible, with great contortions of the limbs and frothing at the mouth, lasting five or ten minutes, after which she would pass into a deep sleep, lasting about half an hour. Fits more frequent the day before menses; swelling of abdomen before the menses; menses too light and scanty; sleep disturbed by unpleasant dreams; sensation as if a lump were rising in her throat, which caused nausea while eating; headache principally above the right eye; pain at apex of scapulæ. Puls. 15. Three powders cured and she remained well.

In rheumatism Puls. is frequently of great service, particularly for wandering pains, going quickly from one part to another, with chilliness, diarrhœa, thirstlessness, etc. Dr. Stow gives the following case: Jerking, lacerating pains through the left leg and foot, which soon became œdematous and numb. Extremely sensitive to jars, touch or pressure. Could not bear to have any one come near her; sat on the edge of the chair, with leg flexed upon the thigh. Patient weeps easily; left side gets chilly, and then the greater pain. Aggravation of all the symptoms at night and before midnight; amelioration by shifting position and warmth. Puls. 6,000 cured.

Dr. Bayes—Sophia æt 29, has had rheumatic pains three or four years. Pains in knees, ankles and feet, worse in windy and rainy

weather ; erratic in character ; so severe as to keep her awake, and crying with pain all night ; has also severe pains in left hypochondrium ; indigestion with pyrosis and flatulence. Puls. 3—better in a week, but the erratic pains continued, though less severe. Puls. 12. In a week felt well, but a few days later had some slight rheumatic pains worse from motion. Bry. 3 completed the cure.

Puls. has proved curative in white swelling of the knee, with fever without thirst, dryness of tongue, slimy diarrhœa and scanty menses.

Puls. proves beneficial in intermittent fever when before the fever there is drowsiness and slimy diarrhœa ; during the heat labor-like pains ; sleepiness and starting on falling asleep. Thirstlessness all stages ; aggravation in a warm room ; wandering pains ; weeping mood.

Dr. Colburn—Mrs. C., æt 65 ; chill followed by fever and sweat nearly every day, coming on toward evening ; no thirst in any of the stages ; aversion to fat or rich food, and but very little appetite for anything ; what little she did eat distressed her ; severe pain in left chest, with troublesome cough, worse on lying down. Puls. 51,000 cured, with but one more chill the next afternoon.

In typhus and typhoid fever, Puls. is occasionally of service, especially when previous to stool there is considerable rumbling in the bowels with pinching pains and aggravation of the symptoms at night. Dr. Morgan reports the following case : Has been ailing for several days ; no appetite ; chilly ; wants to be in the fresh air ; feels sluggish ; inclined to despond and mope and shed tears ; tongues coated with yellow pasty coat, which makes the mouth feel dry ; wants to moisten it frequently by small drinks of water ; slimy diarrhœa ; fever. Puls. cured.

In measles Puls. is considered a sort of specific for all cases. This is not true, however. It cures when these symptoms are present ; conjunctivitis, with photophobia and lachrymation ; yellowish, slightly acrid discharge from the nose ; high fever without thirst ; loose rattling cough ; nightly diarrhœa preceded by rumbling in the abdomen ; nightly aggravation.

Finally, it is claimed, and I think with reason, that Puls., if administered to persons who have been exposed to measles, will prevent its development.

ANALYTICAL THERAPEUTICS. By C. HERING, Vol. 1, Boericke and Tafel, 1875.

Any practitioner who has used the first volume of the *Pathogenetic Cyclopædia*, issued by the British Homœopathic Society, will give a warm welcome to the book under notice, and will join in the *pium desiderium* that its venerable author may be spared to finish a work whose amplitude of design is equalled only by the completeness of its execution.

The plan of the *ANALYTICAL THERAPEUTICS* includes forty-eight chapters, and as Vol. I., with its 352 royal octavo pages, gives only Chap. I., *Mind and Disposition*, the reader can conceive how exhaustively the subject is treated. Unless one should copy the voluminous index, it would be somewhat difficult to give a conception of the vast scope of this first volume; suffice it to say that all the known mental symptoms are given, with the conditions, connections, concomitants, aggravations, ameliorations, sides of the body—in a word, the mental symptoms are presented *in all their relationships and from every point of view in which they have been observed*.

As tried and proven weapons have an additional value, in that they are subsequently employed with more confidence, *the remedies in this work have been graded*. In doing this an annotated copy of Bönninghausen's deservedly famous *Therapeutic Pocket-Book* has been availed of, and this knowledge has also been supplemented by Dr. Hering's half-century of literary research and clinical experience. In this respect the volume is unique, for, of all men living, who so fit to perform such a task as the author.

As a repertory it is the most gigantic in our literature, because no previous author has worked with so large a list of remedies, and the young practitioner will find it "conspicuous by the absence" of all that is so tantalizing (to the young practitioner) in Bönninghausen, for under the rubrics he finds not only a list of remedies, with their respective value as carefully indicated as such a feature may be, but also the complete symptom of such a remedy. Many of the rubrics are still further supplemented by *model cures* designed to show the neophyte how the expert sets the egg on end.

As to the value of a good repertory there can be no question, and to be assured of the need therefor we have only to recall the many attempts that have been made to supply it. The fact is, and

ever will be, that conscientious practice necessitates not only the young but even the oldest practitioner to resort to such a symptom-index, and the resulting success is in a direct ratio with the perspicuity, comprehensiveness, and reliability of the work. That medicine is not mathematics is an unfortunate truism, but with an intelligent use of this *Analytical Therapeutics* and due reference to the *Mat. Med.*, we may confidently expect to reduce the errors of practice to the minimum.

On the first page of Chap. I. Dr. Hering appropriately cites Hahnemann's teachings in regard to the value of "the mind symptoms" in selecting the remedy—a lesson, by the way, which many of us have never learned, or only half learned. How often this line of inquiry reveals the missing link ; how often a mental symptom clears up the murky darkness like a flash of lightning in a night of storm. If this work, then, shall arouse the majority of hasty prescribers to a sense of the value of this element in a case, it will prove a boon to both physician and patient. Just here we must acknowledge our indebtedness for the rubric CHILDREN at page 336. It supplies a priceless addition to the too meagre objective symptoms through which alone the dearest (because the most helpless) of our households make their mute appeal for help.

The courage which, at the eventide of an earnest and faithful life, could plan a work comprehensive enough for the task of a whole life, commands our admiration, and we should heartily rejoice if our "Great Heart" is permitted to continue his pilgrimage until his hands have completed his great endeavor. We shall at least share his cheerful anticipation, sustained the while by the assurance that *so much as we do get is a clear gain*. Considered as a part of a most comprehensive design, of course, this Chapter I. must be regarded as a fragment ; *but in itself it is complete, for the forty-eight chapters are not interdependent*. A failure to get the whole will break the unity of the plan ; but every part is complete in itself, and *an indispensable addition to the WORKING literature of the practicing physician*. We are glad to learn that a second volume is nearly completed, and if the sale of the first is at all commensurate with its merits, the consciousness that his book is appreciated will undoubtedly cheer the author in his arduous labor.

It were superfluous to praise the superb manner in which the typography of the volume has been executed. Sharp, open-faced type, clear, heavy paper, a wealth of margin—"O. C. Hg." what a change in things since the days when even "the printers gave up their profits" to aid in bringing out the Allentown edition of *Fahr's Manual*. *Qui transtulit sustinet?* Yea, even so.

S. A. JONES.

Translations from Foreign Journals,

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

OPERATIONS WITH HEAD HANGING DOWNWARDS

BY DR. BUROW.

During my college years I attended a total resection of the upper maxilla without chloroform, and I recollect it, even to-day, with shuddering. The blessing of a full narcosis is nowhere more frequent than in just such cases. Improvements soon followed. *Nussbaum* proposed to perform tracheotomy prior to any operation in the buccal cavity, and then to tamponade the fauces. *Schoenborn* modified this procedure, and tampons with cotton. *Trendelenburg* invented a tamponing canula, but rubber has its disadvantages. After all it cannot be denied that tracheotomy itself is an important operation, and many surgeons are afraid to perform a capital operation with another equally important one. *Rose* (*Langenbeck's Archiv.* XVII 3, p. 454) proposed at the last congress of surgeons to put the patient in such cases on his head, as it were, and thus prevent all dangerous complications, caused by hemorrhage in the mouth during deep narcosis. The patient takes his chloroform, as usual, in the horizontal position, the pillow under his back is then removed the head drawn over the edge of the operating table, so that the vertex hangs down horizontally, and in this position the head is firmly held by a reliable assistant, kneeling by the side of the patient. The operator is seated before the patient, and operates naturally in a reverse direction (from the chin to the vertex), and the blood flows partly through the mouth, but mostly outwardly through the choanæ and the nose.

CASE I. A young man, who two years ago lost his last molar by the kick of a horse, found that during the last seven months a tight, but not very hard tumor, had formed in the bones of the processes alveolaris, covered with normal mucous membrane. I thought such an epulis just the thing to try *Rose's* method on. I followed

strictly all his orders, the narcosis was well kept up, but still the patient must have swallowed some blood, which he vomited afterwards. The operation lasted only a short while, *and not a drop of blood entered the trachea*; it was far easier to handle the saw in this position than in the perpendicular one, as I could work in the upper maxilla, as on the lower one, from above downwards.

CASE 2. Jacob S., a coachdriver, observed for the last six years the growth of a globular tumor on the soft palate, and entered my clinic October 6th, on account of its increasing size. The tumor of the size of an apple had already destroyed the entire soft palate, extending upwardly and anteriorly to the posterior margin of the hard palate, pushing on both sides (left more than right) the arcus, closing up the buccal cavity from the fauces, and adhering to the adjacent soft parts rested on the back of the tongue. It touched posteriorly the vertebræ. A close examination revealed that the tumor started from the soft palate; it felt tense, symmetrical, the anterior surface covered by normal mucous membrane, with only one little space ulcerating. A limited mobility could be proved, both nostrils normally permeable to air.

For the last nine months a second tumor of the same pathological character developed itself in the mouth. It was centrally located on the hard palate, whose mucous membrane it had pushed out. It could not be shifted, and adhered firmly to the bone which it had perforated. The tumor began three ctm. behind the incisors, extended to the eye-teeth, all of which were loosened, and protruded about two ctm. downward from the floor of the palate. Swallowing was very difficult, the voice not clear. The general health was good, and no glandular infiltration.

It was necessary to divide the operation into two parts. The tumor of the soft part was removed October 9th without chloroform. I isolated at first, with a curved hernitome, carefully the lateral adhesions of the tumor on the lateral walls of the faucial cavity, especially on the left side, perforated then with an elevatorium, the centre of the anterior limits of the posterior tumor between hard palate (at its passage to the soft palate) and tumor, till the finger pushed upwards behind the tumor could feel the front of the instrument. On the newly made passage I introduced a Bellocq's tube

between tumor and arcus faucium in the faucial cavity, and pushed the stiletto forward and fixed to it the wire of a galvano caustic cutting loop, which I could put into the desired position by the removal of the tube. It was now very easy to burn off fast the left and then the right side of the tumor, and we had only to be careful that the tumor did not fall on the glottis. As I gave only a weak current, the division took place without hemorrhage. The reaction was slight, the temperature never rose over 38 degrees, and after a few days the patient was able to leave the bed. Twenty days afterwards the second operation was performed after Rose's method. Patient was deeply narcotised, the head hanging downwards supported by an assistant, the upper lip split from the filtrum to the left nostril, both sides dissected away by quick incisions from the upper maxilla, so that the apertura pyriformis was fully exposed. I then extracted the first molars, and sawed with a pointed saw two cuts in such a manner that they divided in the mouth close to the tumor the hard palate, whereas at first they ascended at the anterior surface of the maxillary bones, then curved inwardly, and finally met at the exterior angle of the apertura pyriformis. As the septum narium was already used up by the tumor, a firm pressure with the fingers sufficed to luxate the circumscribed piece of bone with the tumor, so that it could be extracted with a few cuts. The hemorrhage was more copious than it would have been in the raised position, and I touched some points of the sawed surface with *ferrum caudens*, which was the more necessary, as a small part of the tumor was left behind which I cauterized energetically. As soon as we put the patient, who was now conscious, in the erect position, the hemorrhage stopped. The lip was united alternately with the twisted and knotted suture. Our patient did not swallow one drop of blood during the whole long-continued narcosis, for he expectorated only pure mucus after the narcosis, and the respiration remained entirely free. November 16th he could be considered perfectly cured. The microscopic examination showed the tumors to be alveolar sarcomata with the difference, that in the tumor of the hard palate the alveolar formation was more decided, and thus showing a transition to carcinoma.

In relation to the danger of this depending position of the head for some considerable time, especially in old people, *Rose* denies any

unfavorable results. He has narcotised patients of 65 years, suffering from cardiac defects or emphysema, and kept up the narcosis for two and three hours without any detriment. He observed then all the symptoms of venous stagnation, exophthalmos, the head swelled up, he could even show by measurement an increase of the head by 2 to 3 ctm. when the head hung down for some time. Rose also reminds others, that there may be danger of luxatio vertebræ in this position, should the patient make sudden movements, and a reliable assistant is therefore necessary, whose whole attention must be fixed to keep the head steady. The incisions and the sawing is certainly more easy, only we must become used to operate in a reversed direction. The venous and capillary hemorrhage is more copious than in the normal position of the head, but the operation can be performed far quicker, as the patient is fully narcotised. *Rose* proposes this procedure in resections of the maxilla superior, in uranoplastic and rhinoplastic operations, laryngotomy, tonsillotomy in children, in operations for harelip (without narcosis), in order to prevent the swallowing of blood and digestive troubles resulting therefrom, which may often be the cause of death.—*Berl. Klin. Wochenschrift.*

MELANOSIS AND MELANÆMIA.

Arnstein divides melanosis into an acute and chronic stage. We find in the former pigment in the blood (melanæmia) and in all the organs; in the latter, on the contrary, the pigment is deposited exclusively in the liver, spleen and marrow of the bones. In both organs it lies as well around the blood vessels as also in the parenchyma, but in the liver we mostly find it in the capillaries, and sometimes between them and the hepatic cells, a difference emanating from the peculiar relation of the blood vessels, especially the numerous stomata in the spleen and bone marrow. He thus opposes the views of Virchow and Frerichs, who consider melanæmia the secondary, and melanosis of spleen and liver the primary process, as in the chronic stage all the pigment is found in cells, whereas in the acute stage, especially at an early examination, the pigment is found suspended in the blood. He believes that in every febrile attack a certain number of red blood-corpuscles in the circulation disintegrate

and die, and the granular pigment thus formed (without participation of the colorless cells, swimming free in the serum) is quickly imbibed by the colorless blood-corpuscles and deposited in the above-named three organs. Similarly to injected coloring matter it reaches in time fixed connective-tissue-corpuscles, and may gradually disappear by solution and absorption just as the hæmatoidine forming after hæmorrhages.—*Centralbl. f. Med. Wiss.*, 1875.

ÆTIOLOGY OF TYPHUS.

BY PROF. ROTHMUND.

Abdominal typhus is a specific putrid affection, an acute blood disease with especial affection of the blood-making organs and of the entire glandular system, with hyperplasia, ulceration and mortification of the intestinal mucous membrane, with enlargement of the spleen and pathological changes in different organs and tissues of different form and intensity. The typhus form shows its action on the blood, lymphatics and glandular system. The excrements of typhus patients may become the carriers of the poisonous germs. The putrid products, emanating from the decomposition of organic matter, deserve our special consideration. The cause of typhus is always a putrifying process, either from putrid emanations (soil and sewers, water-closets), from drinking water rendered impure by putrid matter, or from spoiled articles used as food. Typhus may, under certain circumstances, manifest a miasmatic-contagious character; it becomes then contagious, endemic and epidemic. Typhus may also arise spontaneously. According to Lindwurm persons may be attacked several times by this disease, although this is rarely the case according to other authorities. Local causes prevail over general causes. Our sewerage needs yet many repairs, the excrement ought not to be allowed to remain for some time in or near dwelling houses, and the exportation of excrements ought to be under strict surveillance. Graveyards with dwelling houses all around ought to be considered nuisances, which must be abated.—*Aerzt. Intell. Blatt*, Feb., 1875.

CRANIAL FRACTURES AND THEIR TREATMENT.

BY A. H. CORLEY.

(1) Simple fissure never needs an operation. Only a coinciding blood effusion, or a consequent suppuration may necessitate trepanation. (2) Simple comminutive fracture—it may be trifling outside, but greater internally at the tabula vitrea. Splinters may injure the brain, but the trepanation is only indicated when symptoms of cerebral irritation arise. (3) Fracture with depression—there is no great difference between simple or complicated fracture with depression. Trepanation and elevation is indicated by threatening cerebral symptoms which cannot be removed otherwise. The prognosis of the operation is worse where these symptoms arise from other causes than the depressed bone. (4) Comminutive fracture with depression, caused by pointed instruments, by the kick of a horse, by a stone, etc. It needs the immediate operation, as a foreign body may have entered the skull. The individual case will indicate the mode of operation.—*Centralbl. f. Chirurgie* 15, 1874.

RADICAL CURE OF STRUMA—ALCOHOL-INJECTIONS.

BY DR. C. SCHWALBE.

Dr. C. Schwalbe treated one hundred cases of struma with injections of tincture of Iodine and most cases were cured. Struma follicularis mollis, struma cystica, struma with multiple cysts were always cured; fibrous struma was ameliorated and sometimes cured. Galvanolysis aided them in reducing the size; fifty cases of struma were thus treated with injections of alcohol without any other medication, and the same result followed, showing that the alcohol is the curative agent; its action may be thus explained: It causes chronic inflammation of the connective tissue, which then gradually contracts, compressing the blood vessels, and desolating the lymphatics. The compression of the blood vessels, the desolation of the lymphatics, and the gradual induration of the connective tissue may be also beneficially applied to the cure of other tumors. Thus, fatty tumors were dispersed by injections with alcohol and ether, in order to render the fat more soluble. He tried so far this method in three cases of mammary cancer, where it is most important to prevent the spread of the cancer to adjacent tissue, and especially to lymphatic glands. Our first indication is, therefore, to produce *from all sides* a shrinkage of the surrounding connective tissue, gradually we then approach the tumor; the shrunken connective tissue compresses the tumor; atrophy sets in through the diminished circulation in the tumor and the carcinoma disappears. Where lymphatic glands are already attacked, they must be treated in the same manner. The method can also be recommended in order to prevent a general infection in specific ulcers, condylomata, granulations, etc.—*Med. Neuigkeiten*, Feb. 1875.

INTERMITTENT CHEYNE—STOKES' RESPIRATION.

Dr. Baas records the following case: A child of eight weeks was attacked with diarrhœa, followed in two days by vomiting of yellow masses. On the third day of its illness the child moaned with every stool and sometimes screamed out without any cause. Vomiting and diarrhœa had yielded to the usual treatment, but the child did not improve. Baas found: pale face, turgor of skin still present, lips natural, left pupil mydriatic and closed by ptosis, right pupil contracted with unconsciously open eye, neither one reacting to light, without motion and staring. The large fontanelle tense, so that it can hardly be distinguished from the surrounding bones, pulsation neither visible nor audible, but the carotids pulsate strongly. Forehead and head not hot, feet and arms of normal temperature and position, only the right extremity flexed in the knee-joint, but easily stretched out; abdomen feels normal, urinary secretion present, mouth neither hot nor dry, but the child does not swallow. Deep coma, no convulsions, pulse retarded, alternating between 96 and 112; respiration showed, *that the breathing stopped in nearly regular intervals, and then continued again for the same length of time. The cycle continued in this manner.* Sometimes 10 to 26 seconds passed, during which she breathed and then all breathing stopped for the same length of time. The breathing began again either quietly or with an audible inspiration; they were either deep, or alternately superficial and deep, always more superficial towards the end. When the stoppage lasted longer than 26 seconds, cyanosis of the lips set in. The pulse remained the same in strength, only during the end of the stoppage it appeared smaller and more unequal—no sweat. This phenomenon lasted for five hours; till the child died. The diagnosis was hydrocephalus acutus, attacking the left side of the brain (left ptosis, right stiffening of the lower extremities) caused by the preceding diarrhœa. The case is interesting, inasmuch, (1) Intermittent respiration is very rarely observed at such an early period of life. (2) Hydrocephalus has never yet been put down as a cause of it. It is most frequently observed in fatty degeneration of the heart and in apoplexy. (3) The phenomenon is always associated with unconsciousness.—Traube. (4) The regular rise and fall of the energy with which respiration is performed, is a far less reliable characteristic, as the regular breathing followed steadily by just as regular a stoppage. (5) Semilateral pressure on the respiratory centrum is sufficient to produce it.—*Allg. Med. Centralzeitung No. 1, 1875.*

ARTERIAL TRANSFUSION IN FROZEN PARTS.

Dr. Peters reports the following case: A man froze his feet. The whole plantar surface was icy-cold, blue, without sensation to the pricks of needles, from which a bluish serum exuded. After the

transfusion into the arteria tibialis portion the foot became red and warm and discharged again arterial blood. The transfusion always saves some parts already frozen, as in this case only the toes became gangrenous. It is some gain to extend in such cases the line of demarcation, as here from the metatarsus to the toes.—*Allg. Med. Centralzeitung*, 7, 1875.

VARIOLA EFFLORESCENCES.—Zuelger shows, that variola efflorescences are mostly found in such places, where the circulation is relatively most difficult and tries to prove thus its fungoid (bacteriæ) character. He experimented on that account and bandaged the upper arms of about twenty of his patients, and found that subsequent eruptions are more frequent on those bandaged places, but also that this constant covering and light compression of the pustules hastens their drying up, and that it reduces the cutaneous inflammation in the same degree as the cutaneous nerves are less irritated. He recommends before bandaging to paint the extremities with an oily substance.—*Berl. Kl. Wochenschrift*, 25, 1874.

TRAUMA OF THE HEAD.—This may be frequently considered as the peripheral cause of reflex psychosis, and such cases can only be cured by local treatment. *Dr. Koeppe* extirpated the cicatrix in seven cases, where the patients were inmates of the lunatic asylum, and amelioration followed in all cases, a perfect cure in most of them. It is remarkable that in all cases the patients complained of disturbances in hearing (surring in the ears), hallucinations of hearing and sleep was in all cases more or less disturbed. Excision of such a cicatrix is therefore indicated in every case, where such a scar is found on the head of lunatics.—*Deutsch. Arch. f. Med. XIV. B.*

PROPYLAMINE IN RHEUMATISM.

Dr. Loewer found it of especial benefit in acute articular rheumatism. It produces quickly rapid sinking of the temperature and of the pulse (48 beats), and the pains and the swelling decrease. Profuse sweats set in in a few hours after taking the medicine, giving great relief. Simultaneous heart affections are no contra-indications. The duration of the disease was, according to the intensity, from four to six days, and the dose 1:180 (with Elæon Menth. 8) a tablespoonful every two hours.—*Militärarzt Zeitschr.* 11, 1874.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

UNIVERSITY OF MICHIGAN.

ESTABLISHMENT OF HOMŒOPATHY AT ANN ARBOR.

ANN ARBOR, May 12, 1875.

The Board of Regents held a meeting last evening in the President's room at the University. Present: President Angell, Regents Gilbert, Estabrook, Grant, Rynd, Walker and Climie. There were also a number of dentists and homœopathic physicians in attendance from different parts of the State to look after the interests of their schools. The President stated the object of the meeting to be the disposal of the trusts placed to the credit of the Board by the Legislature.

The session was unusually interesting. The discussions on the establishment of both schools were carried on in a very free and cordial manner, and the utmost good feeling seemed to prevail. The disposition of the homœopathic question seems to give satisfaction to most of the representatives of the school present.

THE MEDICAL COURSE.

The full report of Regent Rynd on the practicability of lengthening the medical course from six to nine months, and of establishing a regular graded course of instruction, is as follows:

During the past year a preliminary examination has been instituted, to which every student entering the medical department is required to submit. Already several students have been refused admission to the medical classes because of inadequate literary requirements; some, if not all, of whom have entered other medical schools. It is contemplated to make this work still more thorough and exacting, beginning with the opening of the next lecture course. In addition to this, the medical course proper is more prolonged and thorough than in most schools of medicine:

1. The medical department demands and secures attendance during a full six months' course. In most colleges the course lasts only about four months.

2. Chemistry and practical anatomy are more thoroughly taught than in most colleges; more time is given and more practical work enforced than we find in our sister institutions.

3. As proof of one claim to advanced work in and for the possession of medicine, we last March graduated less than eighteen per cent. of the total number in attendance on medical lectures, while other schools with less reputation graduated about forty per cent. We also report on "final examination" a larger percentage of students than any other medical college so far as our knowledge extends, students, too, who in many instances immediately secure diplomas elsewhere.

It is the intention of the Committee on Medical Department to give this subject still further thought within the next two years, and if the necessary support can be assured and the cause of medical education promoted, to recommend a still further advance, contemplating either attendance on three full courses of lectures of six months' each, or two full courses of nine

months' each. In either case the work would be graded, thus adapting medical instruction to the wants and conditions of the various classes.

While we, in common with others engaged in college work, admit the futility of advancing very much faster than the intelligence of our people may demand, or their resources permit, yet we can assure the profession and the public that we desire, and intend in the future, as in the past, to lead through the University our students up to higher professional culture and to enlarged usefulness to themselves and to the world. While we desire to furnish and conduct colleges for the people, we are equally anxious that the medical department should not simply strive for enlarged classes, but for something nobler and better—the advancement of science and the well-being of humanity.

C. RYND.
T. D. GILBERT.

HOMŒOPATHY.

Regent Rynd then introduced the subject for which the Board was called to hold a special session, the disposal of the \$6,000 per annum appropriated by the Legislature for the establishment of a homœopathic college in connection with the University. After some preliminary remarks, in which he deprecated the spirit in which such proposal has heretofore been met, he read the report of the committee as follows :

WHEREAS, The Legislature of the State of Michigan has appropriated \$6,000 per annum for the purpose of establishing a homœopathic medical college as a branch or department of the University, the Board of Regents of said University do therefore

Resolve, That a homœopathic medical college be established in the city of Ann Arbor.

Resolved, That two professors be appointed who shall be designated respectively Professor of Materia Medica and Therapeutics and Professor of the Theory and Practice of Medicine.

Resolved, That all students entering such college shall record their names with the Secretary of the University under the designation of students of the Homœopathic Medical College of the University, and shall be so registered in the catalogue, shall pay the same fees, be subject to the same regulations which are now in force, or which may be hereafter established for the government of the Medical Department.

Resolved, That the students entering the Homœopathic Medical College shall receive instruction in the now existing Medical Department in all branches not provided for by the chairs established above (including practical anatomy). They shall be entitled to all the privileges accorded to students in the Medical Department, and shall conform to all the requirements of said Medical Department so far as they apply to all branches in which such students shall receive instruction in the now existing department.

Resolved, That as far as possible lectures shall be given to such students by the homœopathic medical professors at the hours which may be occupied by professors holding corresponding chairs in the existing Medical Department, and at any other time which may be determined by such homœopathic professors, provided always that such students are not engaged in the legitimate performance of duty in the now existing Medical Department.

Resolved, That the same conditions shall be applied to their matriculation, time of study and graduation as now exist, or may hereafter be fixed in the Medical Department of the University, and it shall be the duty of the President to satisfy himself that such conditions are duly enforced in both departments.

Resolved, That each professor in both departments shall, upon the completion of the required course of study, and upon the student's giving the necessary evidence of professional scholarship, furnish such student with a certificate to that effect. The deans of the respective Faculties shall report to the President, who shall present such reports to the Board of Regents.

Resolved, That all persons graduating from the Homœopathic College shall be furnished with diploma so designated.

Resolved, That after the coming University commencement all diplomas in every department of the University shall be signed by the President and Secretary, and have the corporate seal of the University attached.

On motion of Regent Rynd an invitation was extended to the homœopathic doctors present to make any suggestions they might wish as the plan submitted.

Dr. A. I. Sawyer, of Monroe, said that he did not see how the matter could be in any way better arranged than in the plan suggested by the committee. He expressed himself highly gratified with the spirit and substance of the report, and he apprehended no trouble in carrying it out.

Regent Rynd said he had taken pains to inquire the opinions of leading homœopathic practitioners throughout the State, and he found them averse to appointing a separate professorship in any branch where the two schools of medicine were in accord. *In behalf of the committee, he said it was anxious to settle the question fairly and for all time.* He hoped and believed that the two colleges could pursue their respective courses side by side, and in harmony. To that end he appealed to the friends of the proposed college to select the very best men for professors that they could find.

Dr. Mechem, of Ann Arbor, in behalf of the homœopathic physicians, said he felt safe in saying that they would accept the proposal in good faith, and in the spirit in which it was offered.

Dr. Ellis, of Detroit, said he thought the report in its present shape would not be the best solution of the difficulty, nor entirely satisfactory. He thought there was a wide divergence between the two schools in the practice of surgery and in the diseases of women and children. With such a liberal appropriation as \$6,000 a year, together with about \$3,000 which would be derived from students' fees, he thought it was practicable to give instruction in everything pertaining to homœopathic treatment. Two chairs alone were not enough. This mere homœopathic handle to an allopathic jug would not attract homœopathic students to any great extent.

He also objected to the proposed manner in which the homœopathic students' diplomas were to be signed.

Regent Gilbert said that this matter of doing away with the signing of diplomas in the other school had been thought of over a year ago.

Regent Climie called attention to the fact that there would be a good many other expenses besides the salaries of professors to be paid out of the \$6,000, such as rent of hall in which the lectures are to be given, suitable apparatus, etc. He thought it would not be

advisable for the Board to employ more than two homœopathic professors with the present appropriation.

Regent Rynd said it would be inexpedient to give the proposed homœopathic lectures in the present medical building. Friction between students of the two schools, or all possible occasion for friction, must be guarded against.

Dr. Woodruff, of Detroit, thought the same lecture-room might be used at different hours by the different classes without any danger of friction.

After some further interchange of opinions, the subject was dropped without definite action.

The proposed Homœopathic College was placed under charge of the Committee on the Medical Department.

LAST LEGISLATIVE ENACTMENT.

The following is the text of the bill establishing the Homœopathic College at Ann Arbor:

A Bill for the Establishment of a Homœopathic Medical Department of the University of Michigan.

SECTION 1. *The People of the State of Michigan enact:* The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College, as a branch or department of said University, which shall be located at Ann Arbor.

SEC. 2. The Treasurer of the State of Michigan shall, on the 1st day of January, one thousand eight hundred and seventy-six, pay out of the general fund, to the order of the Treasurer of the Board of Regents, the sum of \$6,000, and the same amount on the 1st day of January of each year thereafter, which moneys shall be used by said Regents exclusively for the benefit of said department.

DETROIT HOMŒOPATHIC COLLEGE DISCONTINUED.

The Detroit Daily *Post*, on May 6th, announced that on account of the late action of the Legislature in establishing a Homœopathic College at Ann Arbor, the Trustees of the Detroit Homœopathic College have decided to suspend their school in the future, so that former students may attend the new school.

ALLOPATHIC MEDICAL PROFESSORS INCLINED TO ACCEPT THE SITUATION

A dispatch from Ann Arbor, April 24, said: "The medical professors of the University seem inclined to accept quietly the action of the Legislature in establishing a school of homœopathy here. It is to be entirely separate from the present school, and they will not be required to sign homœopathic diplomas, nor in any way recognize the new department. They regret generally, however, the action of the Legislature."

ACTION OF THE STATE HOMŒOPATHIC SOCIETY.

At the meeting of the State Homœopathic Society, held at Detroit, on Tuesday, May 18, the President Robert King, M. D. of Kalamazoo, remarked briefly upon the recent action of the Legislature in authorizing the Re-

gents of the State. University to establish homœopathy in that institution, and expressed his gratification at the enactment. He hoped that the differences what had existed among our practitioners would end, that everything would be amicably adjusted, and that at the close of the convention, not a vestige of old strifes and personal difficulties would remain. All that remained for the society to do was to go forward calmly and without dissension, and with the co-operation of President Angell, who he was confident had a friendly regard for this branch of the profession, to seek to make in the University that improvement which not only the profession but the general public desire and demand. In asserting the claims of homœopathy before the Regents of the University, he exhorted the society and profession to do so with the utmost harmony possible, in order that the opposition branch of the profession might not be gratified by any dissension in their ranks. He remarked that the allopathic branch had said among themselves that if the homœopathists united in this movement they would have it all their own way, and he further stated that Gov. Bagley had said, to his knowledge, that any claim or request which the homœopathic physicians might make of the Legislature, as an harmonious and united body, would in all probability be granted. He exhorted the society to prosecute their claims with firmness and unity, "that the opposition may realize their fears, and we our highest hopes."

Dr. T. F. Pomeroy offered a resolution that a Committee of three be appointed to take the subject of Homœopathy in the University into consideration and report.

Dr. F. A. Rockwith, W. J. Calvert and E. A. Lodge, were appointed that Committee and after retiring for consultation they reported the following:

Resolved, That the Homœopathic Medical Society of the State of Michigan have every confidence in the integrity of the Board of Regents of the University, and trust that they will in good faith and regard to equity and justice, immediately proceed to the full establishment of a homœopathic college at Ann Arbor on the University grounds.

Resolved, That this Society is willing to leave it entirely to the Board of Regents to establish such a college with such regulations as in their judgment will meet the requirements of the acts of the Legislature, and appoint such professors as will honor the institution under their charge.

Resolved, That a copy of these resolutions be send by our secretary to the honorable Board of Regents.

Report was accepted, and its adoption moved. Dr. Pomeroy was anxious that we should recognize what the Regents had already done, and thought that the first resolution merely looked to something future.

Dr. E. A. Lodge made explanations regarding the intention of the Committee. It was aimed to express our gratification at the commencement of the work by the Board of Regents, and confidence that they would go on with it in earnestness and good faith.

Dr. Calvert did not think that the resolutions were at all dictatory, but recognized in a broad sense what the Regents have already done and implicit confidence in their future course.

Dr. Rockwith was not in favor of arousing any more ill-feelings, but wanted homœopathy to stand upon its own merits aside by side with other schools of medicine.

Dr. Bailey objected strongly to the adoption of the resolutions. He said that now the homœopaths had got the matter settled, it was not advisable to throw a firebrand into the circle which would cause renewed dissension. He believed that the men who drew up and voted for the act intended that a full corps of professors should be appointed, and he desired to see the act carried out to the letter.

After a lengthy discussion as to the merits and demerits of the resolutions they were finally adopted unanimously.

Dr. Sawyer offered a resolution of thanks to Dr. Chas. Rynd, of Adrian,* for his services in the interest of homœopathy, and for the establishment of a chair and department in the Michigan University.

HINTS TO HOMŒOPATHS.

In the February number of the OBSERVER, (page 120), in an article from which we learn that the writer has been in practice, or has had three years experience, and now has commenced instructing or "*Hinting to Homœopaths*," what he believes in regard to dilutions etc. Allow me to say that more than nineteen years ago I began to practice homœopathy by using always the 3d decimal and nearly always alternating at that.

After practicing three years I went clear up to the 6th, but now I give all the way from the 2d to the 100 m, usually giving the 3d or 200, but always in severe cases where I have to study hard to find what seems the best indicated remedy, (and my ignorance of the materia medica compels me to study a good many cases) I give the 200th, or higher. I do not care to wager my Daniel Knox, Hannah Dustin, or Nellie Sartoris against his "favorite roadster," but if he will report one or more cases which he has treated (cured) by low dilutions, alternate remedies if he wishes, I will report one or more cured with the 200 or 5 m, or, if he prefers with one dose above his ghosts, witches or the 70 m, and say nothing about the full moon, or flower gardens, and let the readers of the OBSERVER decide who made the best cure.

As to keeping drugs and homœopathic medicines in close proximity no one who believes in the purity of homœopathic medicines can uphold it. To show that the odor of drugs have power even to affect another medicine I will give one case. M——, aged 30, took a large dose of Bryonia low or θ 1st, which produced such pain through his chest that he could not get his breath sitting or lying, and he said it was almost impossible to breathe when standing. I

* An Allopathic physician and Regent of the University.

ordered him to inhale Spirits of Camphor, and in one minute he was relieved, and without other treatment in ten minutes he was *well*. I will say I had not gone up to the 6th then.

Now Doctor don't try to make us believe that homœopathic medicines are better when kept with drugs ; that those who use high dilutions believe in "Spooks;" that a dirty bottle is any better than a clean one, and last of all, don't try to get the National Homœopathic Association to divorce the brain from the body of *Similia*, for then it will appear to be too much like some of our doctors.

Here is one. A doctor in this vicinity who knows enough to practice "both ways," informs his patients that he has studied eight years, whereupon another doctor remarked that "he must be a d——d lunkhead if it took him so long to learn what little he knows."

Lynn, Mass.

A. M. CUSHING.

AMERICAN INSTITUTE OF HOMŒOPATHY.

DEAR OBSERVER: Permit me through your columns to express my earnest solicitations, that the forthcoming annual session of the American Institute of Homœopathy shall be largely attended by the members of the profession, both on account of the important papers upon the various subjects to be presented by the several bureaus, and the interesting discussions they will bring out, in which all may participate, and none can afford to lose. Also, the important business which will come before the Institute at its coming session, in making arrangements for the World's Homœopathic Convention, to be held under the auspices of the American Institute of Homœopathy during the time of the centenary celebration, which is to be held in Philadelphia in 1876. Therefore I would urge upon my professional brethren generally, and those of the Northwest especially, the importance to themselves of being present at the meeting of the Institute at Put-in-Bay, the third Tuesday (15th) of June, 1875.

I would also say to those physicians who are not members, do not delay to send to the General Secretary of the Institute, Robert J. McClatchey, M. D., 918 North Tenth street, Philadelphia, and get blank applications for membership, fill them out as directed, and return the same to him, so that, should anything occur to prevent your attendance, your application for membership will be duly acted upon by the Board of censors, and your membership secured before the meeting of the Worlds Homœopathic Convention in 1876, in order that you may receive a copy of the transactions of that Convention, according to a resolution of the Committee of Arrangements which was adopted by the American Institute at its annual session in 1874, as follows: "That the transactions of the World's Homœopathic Convention be published in a handsome bound volume and distributed among the members of the Institute and their foreign

guests," which transactions will be of great value, as they will contain in one volume a large amount of valuable matter which cannot be found in any other. Do not say you cannot leave your patients to attend the Institute, for if you do, you may fare as did a noted physician of my acquaintance, who was very anxious to attend the meeting of his own State Society. When his purpose was announced to the parents of a very sick child he had on hand, such a burst of tears and anguish was poured upon the good, kind, sympathetic and accommodating Doctor, that all thoughts of leaving a sick patient to attend a medical meeting were abandoned, and the many regrets in consequence of the disappointment were more than compensated in the satisfaction of being the subject of such confidence and esteem; but, alas! on the morrow, when a little too late for the train which would take him to the place of meeting in season, he was coolly informed that his services were no longer required. I have been able generally to satisfy my parishioners by informing them that I spend my time and money to attend medical meetings for their good, as the interchange of ideas, comparing notes, and meeting the professional celebrities of the nation, gives an opportunity to glean many items which may prove useful to them. I have found that intelligent people appreciate such motives, and are glad to employ a medical man who is thus enterprising.

You will in due time get the circulars containing the programme, and all necessary information relating to hotel arrangements, and the best way of reaching the place of meeting.

Very truly yours,

L. E. OBER.

LA CROSSE, Wis., April 23, 1875.

TWENTY-EIGHTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The twenty-eighth session of the American Institute of Homœopathy will be held at the Beebe House, Put-in Bay, Lake Erie, commencing on third Tuesday in June, next [June 15th, 1875], and continue four days.

Chairmen and Members of Bureaus are especially requested to have their reports and papers prepared for presentation. *Members not belonging to Bureaus* who are desirous of presenting papers, are requested to address the General Secretary at once, giving title of proposed papers. Members of Standing Committees are notified to have their reports in readiness for presentation.

Applicants for Membership may obtain blanks by addressing the General Secretary. Blanks must be filled by stating the full name and address of applicant and time and place of graduation, and be attested by three members of the Institute personally acquainted with the applicant. Applications for Membership thus prepared should be forwarded to the General Secretary not later than the 5th of June.

All papers forwarded to the General Secretary will be properly disposed of.

A Circular will be issued by the Committee of Arrangements, prior to the meeting, which will give full information on all subjects connected with the meeting.

Rooms may be now engaged [*bona fide*] by addressing Mr. H. Beebe, Carlisle House, corner Sixth and Mound Street, Cincinnati, Ohio. Price of board per day \$2.50.

ROBERT J. MCCLATCHEY, General Secretary,
918 North Tenth Street, Philadelphia, Pa.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

The annual commencement was held upon the 10th of March.
Valedictory address by O. B. Gause, M. D. Professor of Obstetrics.

GRADUATES.

Samuel A. Brown (Morbus Brightii), Philadelphia, Pa.
Edwin Solomon Breyfogle (Morbus Brightii), Columbus, Ohio.
John Wesley Bechtel, Jr. (Physical Diagnosis), Harrisburg, Pa.
John Lemuel Capen (Medical Consultations), Philadelphia, Pa.
John Shoenberger Crawford (Pulmonary Tuberculosis), Pittsburg, Pa.
Samuel McCoskey Cleveland (Definition in the Materia Medica), Philad., Pa.
Howard Cheyney (Diphtheria), West Chester, Pa.
Robert Leroy Dartt (Development of the Human Ovum), Wellsborough, Pa.
Edward Williams Dean (Lithotomy), Pittsburg, Pa.
William George Dietz (Morbus Brightii), Philadelphia, Pa.
Robert Denison Dashiell (Physiology of Digestion), Prince Anne, Md.
John Benton S. Egge (The Birth of Chemistry), Philadelphia, Pa.
George Addison Evans (Morbus Brightii), St. Paul, Minn.
Joseph N. Fitzmathew (Cerebro-spinal Meningitis), Bristol, England.
Eugene Sue Fuller (Morbus Coxarius), Waukesha, Wis.
Frank F. Frantz, M. D. (Inflammation), Lancaster, Pa.
Thomas M. W. Gardiner (Diabetes), Norristown, Pa.
Harry Perry Guy (Medicine Ex Cathedra), Harpersville, N. Y.
William Jefferson Guernsey (Inguinal Hernia), Philadelphia, Pa.
Monroe Jacob Holben (Scarlatina), Kutztown, Pa.
James Henry Hamer (Morbus Brightii), Freeland, Pa.
John A. H. Helffrich (Pneumonia), Vogelsville, Pa.
James C. Johnston, M. D. (Non-digestion of Stomach), Lebanon, Pa.
Charles Augustus Jackman (Scarlatina), Morrisville, Vt.
George Henry Jenks (Disease, its Causation and Cure), Pentaluma, Cal.
Joseph Cresswell Lewis (Physiological Phenomenon of Labor), Philad., Pa.
Joseph Morgan Maurer (Fracture), Baltimore, Md.
Duncan Macfarland (Sugar as an Article of Diet), New York, N. Y.
Jewett W. Metcalf (Actea Racemosa), San Francisco, Cal.
Charles Mohr, Jr. (Iodism), Philadelphia, Pa.
John Fletcher Nowell (The Liver in Health and Disease), Friendship, Md.
Reuben Owen (The Physician, his Qualification, etc.) Conshohocken, Pa.
James Ames Osborn (Pneumonia), Philadelphia, Pa.
John Elwood Peters (Typhoid Fever), Philadelphia, Pa.
Eldridge C. Price, M. D. (The Heart), Baltimore, Md.
Edwin Bowen Rossiter (Diphtheria), Phoenixville, Pa.
Henry D. Rosenberger (Uterine Displacement), Hatfield, Pa.
Philip George Souder (Menstruation), Philadelphia, Pa.
William Stiles, Jr. (Homœopathy and its Influence on Allopathy), Philad., Pa.
Lewis Francis Smiley (A Physician always a Student), Shippensburg, Pa.
William Pen Sharkey, M. D. (The Child and its Physician), Newhope, Pa.
Leon Alfred Snyder (Scarlatina), Slatington, Pa.
Jacob Gordon Sharp (Duties of a Physician), Camden, N. J.
Henry Augustus Sheetz, Jr. (Development of the Ovum), Bristol, Pa.
Alexander Tait (The Tonsils), Carlisle, Eng.
James William Thomson (Apis Mellifica), Philadelphia, Pa.
William Hains Tomlinson (Mental Influence), West Chester, Pa.
James Utley, M. D. (Typhoid Fever), Taunton, Mass.
Stephen Woods (Saccharum Lactis), Pittsburg, Pa.
Henry William Webner (Chorea), Baltimore, Md.
Thompson M. Wells (Skin Diseases), Martin's Ferry, Ohio. Total 51.

[Above report was set up for May Number but omitted by mistake.—ED.]

COLLECTIONS HARD.—An M. D. writes: "The pressure from the financial embarrassment seems to have brought to the surface all the elements of human greed and selfishness. The Golden Rule has been reversed, but certainly not put in application. One must needs be a pachyderm to carry on the practice of medicine in these times. Certainly in all my previous experience I have not found so full exhibition of pure cussedness as during the past year. No charity can cover it."

CINCINNATI MORTALITY FOR MARCH, 1875.

Total Deaths.—1st week, 105; 2d week, 102; 3d week, 93; 4th week, 96;

Total mortality for the month, 396; or about one-twenty-fifth of the population per week.

Prevailing Diseases—Pneumonia, Consumption, Whooping Cough, Diphtheria, Convulsions, Bronchitis, Apoplexy, Scarlet Fever, Cardiac Diseases.

Pneumonia.—1st week, 18; 2d week, 20; 3d week, 17; 4th week, 15. Total for four weeks, 70; or about $17\frac{1}{2}$ per cent. of the whole number of deaths. This is about 5 per cent. higher than last month.

Consumption.—1st week, 15; 2d week, 19; 3d week, 13; 4th week, 10. Total for four weeks, 57; or about $14\frac{1}{2}$ per cent. of the whole number of deaths. This is about one per cent less than last month.

Whooping Cough.—1st week, 5; 2d week, 8; 3d week, 3; 4th week 3. Total for four weeks, 19; or about 5 per cent of the whole number of deaths.

Population, 250,000.

STEPMOTHERS AND STEPFATHERS AND PHYSICIANS.—The justly celebrated Boorhaave wrote as follows respecting his stepmother, after her death:

"All the skill with which God has endowed me I applied, and spent whole half-nights in considering her disease in order to prolong her life, but all in vain. * * * * * But I weep, too, as often as the thought occurs to me that now I shall have no more opportunity to show her my love, veneration and gratitude, and I should be altogether inconsolable if, since my coming of age, I had been even once guilty of disrespect or ingratitude toward her."

PROFESSIONAL LITTLENESS—This is the term applied by the *Chemist and Druggist* to the refusal of the *British Medical Journal* and the *Medical Times and Gazette* to insert advertisements of the lectures of the British Homœopathic Society. Such conduct is said to be 'neither sensible nor straightforward.' It certainly looks as if the editors were afraid lest their readers should have an opportunity of learning the truth about Homœopathy and the falsehood of their own misrepresentations of it.

VINELAND N. J. SHOOTING CASE—The "*Christian at Work*," says:

"THE Vineland shooting is a strange episode in the history of civilization. Vineland is a remarkable settlement in New Jersey, about 30 miles from Philadelphia, and was established in the interest of law, order, morality, and temperance. Not a drop of liquor was to be had there, and the place was exceptionally free from the riots and disorders which are incident to a society in which liquor is sold. But it is a sad comment on the blemishes which are found in our best things that Mr. Landis, the founder of Vineland, considered it necessary to put a large bullet in the head of Mr. Carruth, editor of the *Vineland Independent*. The attacks which Carruth had made on Landis and his family appear to have been of the most cowardly description, and so carefully worded that no libel suit could reach their perpetrator; but it is a bad thing for a man to take the law into his own hands as Landis did. The condition of Carruth is evidence that a man may live with a bullet in his brain."

Another paper remarks: "Landis has been saved by a homœopathic surgeon. If Carruth dies of the wound, Landis will try and force the responsibility upon the doctor."

MEDICAL MISSIONS. (*Independent.*)—These have nowhere attained to such importance as in China. The work was commenced, says the *Foreign Missionary*, by Dr. Peter Parker, under the care of the American Board, at Canton, in 1835. This hospital was transferred to the management of Dr. Kerr, of the Presbyterian Board, in 1854, and has been greatly enlarged. Other hospitals have since been founded in the principal cities along the coast. The *Chinese Recorder*, in speaking of this work, says that the hospitals are the one missionary operation to which the foreign residents in China are willing to contribute liberally. They are opening the eyes of the native medical faculty to the fact that medical science is something above sorcery and magic. They have taken hold of the opium curse, and, though little has been accomplished for its cure, its misery has been more clearly revealed than heretofore. By means of the hospitals an opening wedge has been provided for the Gospel in a nation intensely hostile to a foreign religion.

THISTLE—EXTERMINATION OF THE. (*Popular Science Monthly.*) The Berlin correspondent of *Land and Water* publishes a piece of information that will be welcome to many a farmer. "Who ever knew" says he, "of two plants being so inimical to one another as one to kill the other by a mere touch? This, however, seems to be the case when rape grows near the thistle. If a field is infested by thistles, give it a turn of rapeseed, and this plant will altogether starve, suffocate, and chill the thistle out of existence. A trial was being made with different varieties of rapeseed in square plots, when it was found that the whole ground was full of thistles, and nobody believed in the rape having a fair run. But it had, and as it grew the thistle vanished, faded, turned grey, and dried up as soon as the rape-leaves began to touch it. Other trials were then made in flower-pots and garden-beds, and the thistle always had to give in, and was altogether annihilated, whether old and fully developed, or young and tender."

PHYSICIANS WHO ARE EPISCOPAL PREACHERS. (*Independent.*)—Down in Maryland the Episcopalians have either found out how to convert physicians or how to throw physic to ministers. In the two dioceses included in the state we find in the list of rectors the names of A. J. Rich, M. D., Samuel Ridout, M. D., James B. Purcell, M. D., James R. Harrold, M. D., John C. Tennent, M. D., William B. Everett, M. D., James L. Bryan, M. D., D. M. Ellwood, M. D., and C. H. Williamson, M. D. And yet in all the State only six churches and chapels are dedicated to St. Luke. Sir Thomas's "Religio Medici," however, must sell well in the Baltimore bookstores.

In Detroit Michigan, Dr. Younghusband, a Baptist Preacher and Physician, has united with the Episcopalians.

CHLORAL.—Dr. H. W. Cloud died at Evansville, Ind., on May 5, from an overdose of chloral.

GENEROUS.—Dr. Harriot Keziah Hunt, one of the first lady doctors in this country, left it optional with her patients, by her will, whether they would pay up or not.

DR. M. A. TINKER, writes: I want the Observer. I have been a subscriber since the second volume, and have influenced very many to subscribe. I enclose my subscription for the old familiar Observer, which was one of the principal means of my conversion to Homœopathy.

SPHEROIDAL CONDITION OF WATER.—Mr. W. F. Barret states that this condition may be shown by immersing a red-hot ball of metal in a vessel of water to which a little soap has been added. The ball enters the water smoothly, and glows beneath its surface, the contract of the fluid being prevented by a layer of steam of considerable thickness.

SEEDS, VITALITY OF. (*Popular Science Monthly*.)—Two years ago a few peas, in a very dry and hard state, were found in a sarcophagus containing a mummy, in the course of certain excavations going on in Egypt. The idea was conceived of testing the vitality of these peas, buried as they had been for thousands of years. Three of them were planted, which grew and produced enough to cover, in the year following, a considerable field. Some of the stalks reached a height of more than six feet, and attained a size which was altogether extraordinary, and a strength which rendered them self-supporting. The flowers were white and rose-colored, and of delicious freshness. The pods were grouped on either side of the stalk, in a sort of circular zone toward the top, and not regularly distributed throughout the plant, as in the common pea. It is believed by those who have examined this ancient pea and tested its edible qualities that it belongs to the family of the ordinary pea of our gardens, but that it is a special variety distinguished by the characteristics above mentioned in regard to the form of the stalk and the disposition of the pods.

In corroboration of the fact that seeds will retain their vitality for an indefinite period when embedded deep in the earth, Prof. von Heldreich, of Athens, Greece, states that on the removal of the mass of slag accumulated in working the Laurium silver-mines, some fifteen hundred years ago, a quantity of a species of *glaucium*, or hornpoppy, has made its appearance; and, what is remarkable, it proves to be a new and undescribed species to which the name *Glaucium serpiery* has been given. Prof. Niven, of the Hull Botanic Garden, England, in further corroboration of the same fact, mentions several instances of extraordinary vitality of seeds, from his own observation, and remarks that, "Doubtless the absence of air, an equable and unvarying condition as regards moisture and temperature, and above all the complete neutralization of the physical influence of the sunlight, constitute the means by which Nature exercises a preservative power in seeds as astounding as it is interesting."

To the above might be added the fact so well known to the farmers of Monmouth County, New Jersey, that the green-sand marl sown upon lands almost sterile "brings in white clover" (*Trifolium repens*) where it was not known before.

TEST-PAPERS. (*Boston Journal of Chemistry*.) The following is an extract from an article on this subject by F. Mohr, translated in the *Journal of the Chemical Society*:

Paper containing starch moistened with a solution of potassic iodate in oxalic acid and dried is turned blue by reducing agents, such as sulphurous acid, hyposulphites, sulphuretted hydrogen, potassic, sulphocyanate, ferrous oxide, cupric chloride, potassic iodide, and similar bodies.

For oxidizing bodies, a starch paper with potassic iodide may be used. To keep such paper unchanged, a lighted sulphur match should be held in the bottle in which the paper is preserved, before closing it.

The author also recommends the following test-papers. For ammonia gas: paper soaked mercurius oxide solution. For sulphuretted hydrogen and alkaline sulphides: acetate of lead paper; filtering paper soaked in cobalt chloride; polished visiting cards, or paper painted with bismuth white. For metals which give black precipitates with sulphuretted hydrogen in acid solution washed sulphide of zinc precipitated from the acetate is smeared on writing paper and dried. Any mineral acid decomposes the sulphide of zinc, setting free sulphuretted hydrogen, which immediately precipitates the metals present.

YELLOW FEVER AT KEY WEST.—*Washington, May 2.*—A letter received from a naval officer at Port Royal, who is in direct communication with the Assistant Surgeons at Key West, says there have been two more deaths from yellow fever at that port, and several new cases have appeared.

THE VEST-POCKET ANATOMIST, by C. Henri Leonard, A. M., M. D., 16 mo., pgs. 56. *Albert Lodge's Pharmacy, 57 and 59 Wayne st., Detroit, and for sale at American Observer office, 355 Woodward Avenue, Detroit. Price, paper, 50 cts.*

The enlarged edition of this little anatomy, one of the *multum in parvo* series, is now ready for delivery. It is brief, comprehensive, and *to the point*, and does away with the much thumbing-over of the large and cumbersome "Gray"; in fact, it is "Gray" and "Wilson" in a "short dress." Everything in the departments named is *complete*—something you cannot say of the small anatomies heretofore issued. We give a table of contents and leave our readers to judge for themselves.

CONTENTS.—Each Bone: its name; pronunciation; the points of interest; the number and names of muscles attached (those of insertion being indicated by different type); number of articulations, and names of bones articulating; number of developmental centers, and time of first appearance. Each Muscle: its name; origin; insertion; nervous supply; pronunciation, etc. Each Artery: its name; number of branches from main vessel; pronunciation of each; origin; course; structures supplied; anastomosis. Given in successive order of origin; the main vessels indicated by larger type). Each Vein: its name; pronunciation; course; where emptying; vessels received; number of valves, etc. Each Nerve: its name; pronunciation; origin; course; branches; distribution; anastomosis, etc. (Main branches indicated by larger type.) Complete Résumé Table of the bones. Classified Table of the actions of the muscles.

SCRIPTURE ITSELF THE ILLUSTRATOR. *New York, Robt. Carter & Bros.*

This is a manual of illustrations gathered from scriptural figures, phrases, types, derivations, chronology, texts, etc., adapted for the use of preachers and teachers, by the author of "*Illustrative Gatherings*." Excellent in design and admirable in execution.

CINCHO-QUININE—On page 239 of our last number we printed a card of Messrs. Billings, Clapp & Co. and two certificates. The immediate occasion of this publication was the fact that a Chicago druggist stated before the American Pharmaceutical Association that cincho-quinine contained neither quinine, quinioidine or cinchonidine. Some of the leading chemists of Massachusetts, Illinois, Pennsylvania and New York, have tested the article, and all affirm that they found these principles, which is a very complete refutation of the charge of the Chicago drug dealer.

LABOR AND LONGEVITY.—(*Herald of Health*).—Work by method and on system, even when severe, is not only quite compatible with prolonged life, but is actually conducive to it, while the torpor of idleness or the excitement of fitful effort are the sure precursors of senile degeneration. This is a useful doctrine to preach, and still more useful to practice.

ETHER OR CHLOROFORM.—Prof. Schiff reports, that from his numerous experiments, he comes to the conclusion, that in the ether-narcosis a gradually progressive suspension takes place, first of the respiration and then of the circulation; whereas in the chloroform-narcosis such a succession is not constant, but more frequently the circulation ceases, when respiration still continues. The physician may be, therefore, held responsible for the death during ether-narcosis, but not during chloroform-narcosis.—*Il. Raccoglitore*, No. 8, 1874.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

The sixth annual meeting of the Homœopathic Medical Society of the State of Michigan was held at Detroit, May 18th and 19th; Dr. Robert King, of Kalamazoo, President of the Society, in the chair. The President delivered an address, in which he paid a feeling tribute to the memory of the late Dr. E. H. Drake, of Detroit, who was a prominent member of the Society. The Doctor also touched upon the University question, counseled co-operation and hoped harmony would reign.

The Doctor placed implicit confidence in President Angell, of the University, and felt convinced that his position is a friendly one toward the homœopathists. Let us unite and persevere, in order that we may eventually realize our highest hopes.

The following committees were then appointed :

Obituary—Dr. T. F. Pomeroy, F. Woodruff and I. N. Eldridge.

Auditing Committee—Drs. T. F. Pomeroy, I. Dever and A. I. Sawyer.

Board of Censors—Drs. I. N. Eldridge, A. I. Sawyer, I. Dever, A. A. Bancroft and W. J. Calvert.

The President announced that Dr. F. A. Rockwith, of East Saginaw, was present as a delegate from the New Jersey Society.

The following persons were reported upon favorably by the Board of Censors and were admitted as regular members of the society:

Drs. A. B. Cornell and J. A. Patrick of Kalamazoo; Charles Hastings, J. C. Harrington, and E. A. Lodge, Detroit; DeForest Hunt, Grand Rapids; F. A. Rockwith, East Saginaw; D. D. Bartholomew, Holly; Henry M. Warren, Jonesville; O. Q. Jones, Hanover; R. B. House, Tecumseh.

Dr. Benjamin F. Bailey, Jr., presented credentials from the Board of Censors of the Michigan Institute of Homœopathy as their representative to the convention, giving him power to arrange for the consolidation of the two societies.

After a prolonged debate upon the subject it was finally resolved to consolidate the societies.

A committee consisting of Drs. Rockwith, Calvert and Lodge was appointed upon the homœopathy in the State University.

[A report of the action of the society on this subject will be found in present number pp. 329-34.]

Officers elected to serve for the ensuing year:

President—Dr. A. I. Sawyer, Monroe.

First Vice-President—Dr. F. Woodruff, Detroit.

Second Vice-President—Dr. L. M. Jones, Brooklyn.

General Secretary and Treasurer—Dr. Isaac N. Eldridge, Flint.

Corresponding Secretary—Dr. Isaiah Dever, Dexter.

Board of Censors—Drs. M. Rorabacher, E. A. Lodge, T. F. Pomeroy, F. A. Rockwith, C. Hastings, W. J. Calvert.

Dr. Eldridge then read a paper on ovarian diseases.

Dr. I. Dever, of Dexter, read a paper reviewing Leadam on "Diseases of Females."

Drs. Calvert, Ellis, Bailey, Hastings and Sawyer narrated incidents in their practice touching upon the subject matter of the paper, particularly upon the retention of the placenta.

Dr. E. R. Ellis, of Detroit, was admitted to membership.

Dr. Sawyer from the committee appointed in the forenoon, submitted the following list of subjects for papers and discussion at the semi-annual meeting in November :

The Elementary Principles of Medicine—T. F. Pomeroy, Detroit
 Ophthalmology—F. A. Rockwith, East Saginaw.
 Surgery of Cancerous Tumors—A. I. Sawyer, Monroe.
 Importance of a Mixed State Board of Health—I. N. Eldridge, Flint.
 Ethics of the Practice of Medicine—F. Woodruff, Detroit.
 Retained Placenta—W. J. Calvert, Jackson.
 Cerebro Spinal Meningitis—Mr. Rorobacher, Litchfield.
 Gynecology—R. King, Kalamazoo.
 Typhoid Fever—George A. Robertson, Chelsea.
 Hepatitis and the Sequelæ—A. J. Adams, Flint.
 Extra Uterine Gestation—Thos. W. Robertson, Battle Creek.
 Rose Colds, or Hay Fever—L. M. Jones, Brooklyn.
 Intermittent Fever—J. B. Hyde, Eaton Rapids.
 Relation of Drainage to Disease—Charles Hastings, Detroit.
 The Mission of the Physician—E. A. Lodge, Detroit.
 Disease of the Arytenoid Cartilage—B. F. Bailey, Detroit.
 Pecuniary Remuneration of the Physician—A. B. Cornell, Kalamazoo.
 Puerperal Fever—J. A. Partridge, Kalamazoo.
 Membranous Croup—J. T. Harrington, Detroit.
 Thermometry of Hyperæmia—De Forest Hunt, Grand Rapids.
 Differential Diagnosis of Insanity—D. D. Bartholomew, Holly.
 Urinary Analysis—Henry M. Warren, Jonesville.
 Differential Diagnosis of Scrofula and Mercurial Cachexy—G. Q. Jones,
 Hanover.
 Tuberculosis of the Kidneys—R. B. House, Tecumseh.
 Dentition—W. C. Clark, Monroe.
 Materia Medica—I. Dever, Dexter.

The report was adopted.

President King read his annual address, which was a strong, intelligent exposition of the principles of homœopathy, and was listened to with marked attention.

Ann Arbor was selected as place of next semi-annual meeting, and East Saginaw for the annual meeting.

Dr. Rockwith submitted for publication, a paper upon "The clinical and exegetical contributions of the twelve tissue remedies," and invited the members of the Michigan Society to meet with the National Society at its next session. He also narrated interesting facts connected with the formation of the New Jersey State Society, and the method in which it is conducted.

Dr. Eldridge submitted a paper by Dr. Woodruff, entitled "A review of homœopathy and its relations to pharmacy," and moved that it be referred to the publication committee appointed.

The President appointed Dr. T. F. Pomeroy a delegate to the New York State Homœopathic Association. The society then adjourned to meet in Ann Arbor on the 16th of November next.

Personal Notices, Etc.

PERSONAL.

NICHOL.—Our earnest colleague, Thomas Nichol, M. D., received the degree of B. C. L., on March 31st, and we are much gratified to know that there is a desire that he shall be one of the professors in the Homœopathic College of the University of Michigan.

MARITAL.

LAND—LODGE.—On Wednesday April 28, 1875, at the residence of the bride's parents, DR. CHARLES H. LAND to EVANGELINE LODGE, by G. J. ELLIS, preacher of Washington Avenue Church of Christ, Detroit.

"The Blessing given, the ring is on;
And at God's Altar radiant run
The currents of two lives in one!"

NATAL.

BRODRICK.—We are in the receipt of the following dispatch from Dr. H. M. Brodrick:

DECATUR, Mich., May 3, 1875.

We had a pair of boys born this morning weighing $8\frac{1}{2}$ and 9 lbs. respectively. All doing well. How is that for "little pills."

NECROLOGICAL.

CURTIS.—Dr. C. J. CURTIS, of Dowagiac, died recently at that place.

BURNETT.—At Mt. Vernon, N. Y., on Sunday, April 11th, 1875, of malignant stomatitis, VIOLET LOUISE, infant daughter of Dr. B. J. and LOUISE G. BURNETT, aged 7 months and 17 days. Interment in Woodlawn Cemetery.

SCHEURER.—At Hanover, York county, Pa., April 20, 1875, DR. P. SCHEURER, of chronic gastritis, and finally dropsy, in his 76th year. Dr. Scheurer was a minister of the Evangelical Lutheran Church for many years. He studied homœopathy during his ministerial career, and practiced it in connection with his pastoral duties. In his latter years he devoted nearly all his time to the practice of medicine. His practice was blessed with great success, even in the most acute and dangerous diseases. He was strictly Hahnemannian, cured diseases with small doses and high potencies, and his reputation was great far and near.

He was a *good man* highly esteemed for his noble qualities of mind and heart. His end was peace.

H. S. KELLER, M. D.

LYELL.—Sir Charles Lyell, author of "Principles of Geology," died February 23d. *Æt* 78. Deceased was born in 1797.

REMOVALS.

BRADFORD. Dr. T. L. Bradford from Reading, Mass., to Skowhegan, Maine.

CRANCH. Edward Cranch from New York to Erie, Pa.

FAULKNER. Dr. Robert Faulkner from Erie, Pa., to Colorado.

GARRIE. Dr. James Garrie from Quincy, Ill., to Johnstown, N. Y.

MOORE. Dr. J. Murray Moore from Liverpool, Eng., to San Francisco.

NICHOL. Thomas Nichol, M. D., from 155 to 137 Bleury street, Montreal.

VISHNO. Dr. Charles Vishno from New Britain to New Haven, Conn.

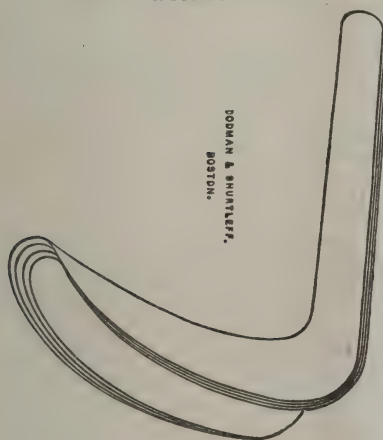
Gynæcology.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

NEUGEBAUER'S SPECULA.*

These specula were first exhibited at the annual meeting of "Physicians and Naturalists," in Vienna, on September 20th, 1856, by Prof. Neugebauer, of Warsaw. The set consists of four blades, with short, flat handles, all of which fit into each other compactly, as represented in Fig. 1. They are consequently much less awkward and cumbersome than either Sims's or Fergusson's speculum.

FIG. 1.



Each blade resembles in shape that of Sim's, differing but slightly in the curve, and in not having its end rounded up, as is the case with Sims's blade. The main peculiarity of the instrument consists in the different blades being so proportioned to each other that any two consecutive sizes may be combined to form a tube; the lateral edges of the smaller are then enclosed within those of the larger. (Fig. 1.) The larger of the two selected is introduced posteriorly, as Sims's would be; the other enters beneath the pubic arch. The point of the latter, which, at

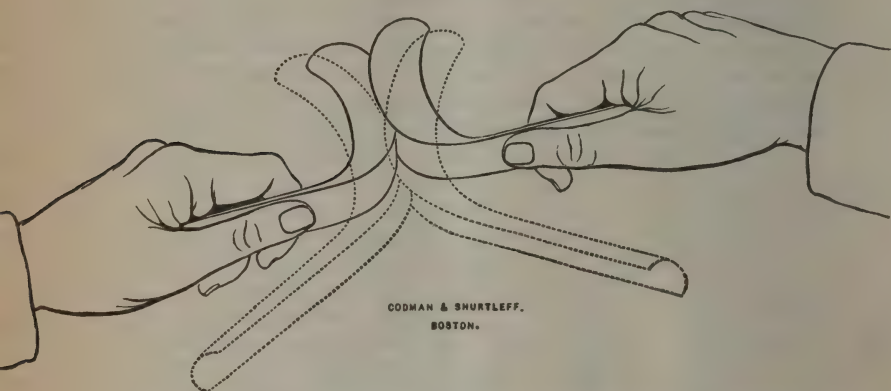
the outset, is in the hollow of the opposite blade, gradually emerges, as the blade is pushed forward. It requires a little practice to enable one to perform this manipulation without inflicting some pain upon the patient. The result is a perfect tube, through which the cervix may be readily inspected. The four blades form three complete specula of different sizes.

The chief merit of the instrument is manifested, if, as often happens, the cervix is so directed that no view of the os can be obtained. By advancing one or the other blade, and, more especially, by rocking one upon the other, the vaginal portion may be tilted in the direction necessary to bring its orifice into the lumen of the speculum. When both blades are rocked forwards by means of the handles, the uterine extremities of the former separate and distend the vagina; this movement exerts a traction upon the uterus, which draws it downwards, nearer the light and within reach of the finger, if its

*[From the Boston Medical and Surgical Journal of February 5th.]

density and firmness needs to be tested by the touch. In this respect, it contrasts most favorably with Fergusson's speculum, which always pushes the organ away from the vulva, and admits a comparatively meagre light. By the same divergence of the blades, the lips of the external os, when soft and patulous, may be drawn apart, thus rendering the cavity of the cervix visible for a short distance.

FIG. 68.



When one blade is held firmly and the other rocked, the traction upon the vaginal portion is chiefly to the corresponding side, and serves to change the direction of the uterine axis, so that the cavity of the organ assumes the most favorable position for inspection or treatment. The same divergence of the ends of the blades has the further advantage of exposing to view the whole vaginal portion of the uterus, as well as the vault of the vagina, instead of merely showing, as does Fergusson's speculum, the os and a small extent of the surface surrounding it.

This speculum is especially useful where the sound is to be employed as an aid to diagnosis; for, the uterus being drawn toward the vulva and such versions as may exist having been corrected by the means already described, the organ presents itself in the most favorable position for the introduction of the sound, and the speculum does not interfere with this manœuvre, no matter how greatly the sound is bent.

When being withdrawn, the handles should be rocked outwards, for the purpose of approximating the uterine ends of the blades, so that they may most readily pass through the vulva. Dr. Robert Barnes, in his new book on the Diseases of Women, states that two hands are required to hold the two blades *in situ*; this, however, is not found to be the case when the blades are properly adjusted to each other. After they are once in position, the constriction of the vaginal walls hold them so firmly together that they practically form one instrument, and, in ordinary cases, either handle will properly

control the whole tube. Of course, these remarks do not apply to the occasions when one blade is rocked so as to exert great traction upon one side of the vaginal portion, for two hands are then evidently indispensable.

This speculum has answered so well in its practical working at the Dispensary for Diseases of Women, for the past few months, that but twice has the writer resorted to any other. In the first instance, the uterus was drawn up and fixed in so high a position that the curve of the blades was not sufficiently long to fit the unnaturally elongated vagina. In the second case, the vagina was so voluminous and its walls so relaxed, that, in spite of great divergence of the blades, folds of the vagina still interposed between their ends and the uterus, thus obstructing the view.

Dr. Barnes has constructed a modification of this speculum, which is more bulky, and, in my opinion, less serviceable than the original.

[Codman & Shurtleff are indebted to the author of the above paper, a physician of Boston attending specially to diseases of women, for the pattern of these specula, brought from Vienna by him quite recently.]

They have been received with so much favor by several of their patrons well qualified by experience to judge of their merit, that they are led to invite more general attention to their useful qualities. The following from a letter dated January 30, written them by a physician of large experience in the treatment of diseases requiring the use of instruments of this class, is presented as a fair sample of the expressions in regard to these specula, with which, written or verbal, they meet almost daily:]

Codman & Shurtleff:—Gentlemen: The Speculum (Neugebauer's) I have used in quite a number of cases. In many respects it is the best speculum I have ever used.

FIRST.—It is self-supporting.

SECOND.—It can be introduced without raising or pushing the uterus above its position in the pelvis. Also, where the larger blade is introduced, so that its remote end shall bear gently upon the posterior wall of the vagina, and is carried well up behind the womb, it will be seen that it not only does not push the mucous membrane in folds before it, but does not bruise, or touch even the os tincae. Gentle traction should then be made by this blade upon the perineum; at the same time the proximal end should be depressed so as to facilitate the introduction of the anterior and smaller blade.

When rightly introduced the uterus will at once take the desired position between the blades, and will be more accessible than will be found in the use of any other instrument.

FIVE CHILDREN AT A BIRTH.—The "*Ohio Medical and Surgical Reporter*" says: C. C. Olmsted, M. D., of this city, hands us the following authentic notes of a case that recently came under the care of Dr. T. H. Vestey, of Watertown, Wis. A lady gave birth to five boys, weighing in the aggregate ten pounds and two ounces. Four of them were of about the same size, the other weighing one pound only. The first two delivered were head presentations; the next two footlings; the last one, same as first. There was an interval of about five minutes between them—all being born within half an hour. One lived three hours, one two hours, and another twenty minutes. One placenta and five cords. There was considerable flowing. Third confinement.

BROWBEATING HYSTERIA.—A correspondent of the *Boston Medical and Surgical Journal* gives the following account of the treatment of a typical case of hysteria by Dr. Weir Mitchell:

Patient was a young lady who came to the doctor from Rhode Island for treatment. She had been in bed for months. The medical experience of Rhode Island had been exhausted. Dr. W. A. Hammond advised a longer continuance in bed. Dr. Mitchell made three visits ere he began treatment. The peculiarities of the case were spinal weakness and an inability to straighten the lower extremities. At his fourth visit the doctor requested his patient to straighten her limbs. "But I can't." "But you *can*. Are they never straightened at night?" "Yes, Doctor. No one ever asked me that question." The legs were straightened with but little difficulty. "Now, be kind enough to sit up." "But that is impossible; I have not been able to do it for two years." "You are able now. Please sit up." Patient sat up. "Bring her wrapper, hose and slippers and put them on; put on a necktie; belt her waist. Now I wish you to stand." The patient now began to cry. "Good morning," said the doctor, taking his hat. "Where are you going, Doctor?" "I am going away. I never attend patients who do not obey me." "Come back, Doctor; I will obey you." "Then please stand up." She stood up. "But, Doctor, it makes me so dizzy." "I expected it; take my arm." She took his arm. He led her slowly out of the room, down stairs and out of doors. She returned without aid and *did not go to bed again*. She was cured. This is given as a sample of the doctor's treatment of hysteria. He is never unkind, never rough, but inflexible, quick in manner, decided in speech, yet gentle and exceedingly polite.

BIFID VAGINA AS A CAUSE OF IMPEDIMENT TO DELIVERY.—Dr. Valenta, of Laibach, relates in Betz's *Memorabilien*, vol. xix. part 5 (*London Medical Record*), the case of a primipara, aged twenty-six, who entered the clinique in labor; on examination, the os was found dilated about the size of a crown, the vagina still firm, and the membranes ruptured. On repeating the examination later on, the vagina felt narrower, and the os so small as to be incapable of admitting the tip of the finger. A closer investigation to account for this strange phenomenon disclosed a "vagina duplex."

The septum was very vascular, about four lines thick, and of a structure precisely similar to the vaginal walls; it passed from the surface of the urethra directly backwards, dividing the vagina into two nearly equal parts, the right being the smaller. The finger could be hooked over its upper margin, which was in close proximity with the os, and a finger introduced into the opposite vagina could be made to meet the other above the septum. By means of spatulas, the foetal head could be seen pressing down on the septum with each pain. It was divided with the blunt pointed scissors, care being taken to make the incision nearer to the posterior vaginal wall than to the anterior. There was considerable hæmorrhage from the anterior flap, which was ligatured. The head came rapidly down, completely arresting further hæmorrhage. Not a drop of blood came away after delivery. The ligature was removed on the third day for fear of causing a slough. The woman did perfectly well. Strange to say, on examining the vagina some short time afterwards, the anterior flap was entirely gone, and not a trace was left to show that such a condition had ever existed, whereas the posterior flap formed a firm prominent ridge. The uterus was normal.

Pædonosology.

THOMAS NICHOL, M. D., LL.B., MONTREAL, CANADA, EDITOR.

CHOLERA INFANTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MISSOURI.

(Continued from page 263, May, 1875.)

PARALYSIS.

Infantile paralysis resulting from and in complication with cholera infantum, is not nearly so rare an affection as one would be led to believe from a consideration of the literature bearing on this subject. The reason that medical authors are so evasive of, and prone not to dilate on these cases is perhaps, the fact so well known, that unfortunately physicians gain very little reputation in treating them.

The paralysis peculiar to cholera infantum usually makes its appearance very suddenly, either during or immediately superceding the convulsive stage, but sometimes does not appear for several days after the violent and acute symptoms have subsided, and finally may occur where there has been no convulsions or other marked indications of cerebral disturbance. It is in a majority of cases directly dependent on the compression of the brain or spinal cord, which compression is exercised by the effusion of fluid into the cavities containing these organs, as has previously been shown under another heading.

It may be of, from several hours to as many months duration—may be partial or complete—may affect one side, upper or lower extremities, one or several organs may be involved, as the tongue, eye, etc., or the whole muscular system may be included in the attack, and it is not to any very flattering extent amenable to any known method of treatment, but does not necessarily lead to fatal results, and will, in the majority of cases, if left to nature, and no unfavorable complications occurring, eventually disappear, when the exciting cause, i. e.,

the effusion, has been removed : however, there are cases in which it may remain after the direct cause has ceased to exist.

In such cases great benefit will be derived from the judicious administration, according to the idiosyncrasies of the individual patient we have under treatment, of such remedies as the following :—

Aluminum Metallicum—when the paralysis is confined to the lower extremities, and the seat of the effusion has evidently been in the spinal column.

Arnica Montana—in cases where the paralysis is general rather than local, and the exudation has occurred in both the cranial and spinal cavities.

Belladonna, or *Atropine*—will be found of great service in hemiplegia, where the effused liquid has been confined to the cranium.

Cocculus Indicus—will be found useful in paraplegia occurring in debilitated nervous patients, and where the circulation is impeded or sluggish, giving rise to œdema.

Dulcamara—is an excellent remedy in paralysis of the extremities upper or lower which are not devoid of sensation, but the circulation is so interfered with as to occasion a peculiar icy coldness.

Gelseminum—is indicated in complete paralysis, or rather where the muscles seem to have only lost power of contraction at the will of the patient, there being no loss of sensation or the slightest change in temperature.

Nux Vomica—this remedy will be found useful in cases of paralysis that are incomplete—that is, where the power of motion at will is not totally gone, but very much impeded by painful twitchings, and spasmodic contractions occur whenever the affected part is exercised.

Phosphorus—where the trouble is confined to the extremities, upper or lower, and originates from pressure on the spinal cord.

Plumbum Metallicum—complete paralysis, together with general atrophy.

Secale Cornutum—in emaciated subjects, if the paralysis is accompanied by a constant tendency to spasms.

Stannum—is the remedy in hemiplegia when the paralyzed parts are constantly moist from perspiration.

There are other remedies that will be found useful in paralysis, but I will not take up time and space in giving their characteristic indications, especially since they are so familiar to all practitioners who pay any attention to *Materia Medica*. I refer to such medicines as *Æsculus hip.*, *Anacardium*, *Arsenicum*, *Baryta Carb.*, *Causticum*, *China*, *Cuprum*, *Ferrum*, *Ignatia*, *Graphites*, *Oleander*, *Rhus tox*, *Stramonium* and *Zincum*.

LOCAL TREATMENT OF PARALYSIS.

Electricity. This agent is, according to my experience, one of the best available means in our possession, for the treatment of paralysis. This the more so since it can so advantageously be called into requisition conjointly with any of the medicines that may be indicated. In reference to mode of application, I cannot do better than to quote from "Braithwaite's Retrospect," Part LXVIII., page 73, as follows:—

"In the 'essential paralysis' of infancy and childhood electrization may be of considerable use if employed before the muscular tissue is too much degenerated. In this form of infantile paralysis the affection comes on suddenly, the farado-contraction of the muscles is more or less diminished; they waste, and their tissues undergo the fatty degeneration;—and they are affected by secondary contractions. Not rarely it will be found that when the affected muscles answer but little or not at all the faradic current, they will respond to a slowly interrupted voltaic current, and are even more than normally sensitive to it."

"The good that electrization can do here is to improve and to preserve the nutrition of the muscles, and so prevent wasting, degeneration and contraction; and in some cases even more than this may be done, for even if the affection of the cord can be cured, the peripheral electrical treatment may forward the cure. Where there is still response to faradism this form of electricity is the best to use. Care being of course taken not to frighten or pain the child. Where the irritability to the interrupted voltaic current is *increased*, it will be best to treat the case at first with this current. In a little time it will be found that the reaction to the faradic current is restored and that the excitability to the interrupted voltaic

current lessens ; then faradization only may be employed.—The disease is generally a tedious one, and the treatment must be continued for a very long time—for months, or years even. but so long as there is any response to electrization there is a hope of benefit.”

Dr. Radcliff says, ‘if the paralyzed muscles retain their electro-contractility and sensibility, and so show that they have not passed into that state of fatty degeneration into which they always tend to pass eventually, there appears to be scarcely any limit to the time in which improvement, and even recovery is possible.’”

Bathing. Great benefit may be derived from a judicious application, as the peculiarity of the case may demand, of hot or cold baths, or hot and cold shower baths may be given in rapid alternation, after which the surface is to be briskly rubbed, till perfectly dry, with rough towels (not too rough, however, since the delicate integument might be destroyed, or injured, and the devitalized condition of the organ might not admit of prompt healing, which is a complication to be avoided) and afterwards enveloped in soft flannel.

The Wet Pack—is also sometimes of great utility in the treatment of this form of infantile paralysis, and may often be employed with splendid results, especially in the earlier stages of the difficulty.

Embrocations—of camphorated oil, or what is better a glycerole of Camphor, will frequently be found beneficial, or the paralyzed parts may be enveloped in soft woollen wraps, that have been previously saturated in the camphorated oil or glycerine.

Dry Friction and Animal Magnetism—may also be employed with success—and finally, it is always advisable to keep the paralyzed parts constantly warm by means of soft woollen coverings.

SUMMER COMPLAINT.

I shall now finally direct the attention of my readers to the therapeutic consideration of that hydra-headed condition, the most prominent features of which are diarrhœa, dysentery, and emaciation ; and which (as has been previously stated) may quite appropriately be designated under the above heading, i. e.—*summer complaint*.

[To be continued.]

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

METEORISMUS VENTRICULI.

BY DR. J. KAFKA.

Meteorismus ventriculi consists in a more or less large swelling and standing out of the walls of the stomach in consequence of the production of gas in the cavity of the stomach. As long as the functions of the stomach and of digestion are normally performed, chymification is rarely accompanied by an increased production of gas in the stomach, a healthy person does not feel that he has a stomach, digestion passes off without disturbance, i. e., he does not feel the gradual filling up of the stomach, and feels no trouble after taking food.

Prof. Krombholz remarks in one of his clinical lectures—"that the stomach is the most tolerant organ in the macrocosmos. When we consider what hetrogenous matter reaches the stomach at every meal, and especially where a good table is kept, and how it changes their manifold ingesta in a uniform mass, which as chylus is then carried forward to the different organs and tissues as the means of nutrition and formation, must we not then admire the strength of the stomach which is able to use up the fluid and the solid, the sweet and the sour, the fat and the lean, the hard and the soft, the fibre, cartilage, albumen, etc., without causing any morbid sensation.

The healthy stomach is in fact an elastic sac allowing a good deal of stretching. It is a retort, where the aliments by a peculiar animal heat are cooked, by a peculiar fluid dissolved, by peculiar chemical process decomposed, by peculiar forces carried onward, and as chemically divided molecules absorbed by a suction-apparatus of the different organs and system, and all this time we are perfectly unconscious of these processes."

During normal digestion the formation of chyle is never accompanied by an unusual formation of gas. Only such quantities are made as are necessary to preserve the normal

tension of the gastric walls, to support the peristaltic motion of the stomach, and to aid the atomizing of the masses. The healthy stomach nearly always contains a small quantity of atmospheric air, taken in with the swallowing of the food ; but this causes no trouble, as eructations bring it up again whenever the quantity is more than necessary.

We find the state of the stomach far different when digestion suffers ; when the strength of the stomach goes out by being overloaded with large quantities of heavy, indigestible fat aliments, or when by some morbid process the gastric juice is either too sour or too alkaline, or when from mechanical causes the stomach is too much compressed and constricted, or when by some morbid process of the organism the walls of the stomach become paralyzed and all peristaltic motion suspended, abnormal processes of dissolution and decomposition will take place, nearly always accompanied by formation of a larger or smaller quantity of gas. This is mostly the product of decomposition ; the hydro-carbon form hydrogen and carbonic acid, or where acetic acid prevails only carbonic acid ; or the albuminous and related masses decompose, especially when the alkalescence of the gastric juice prevails, with formation of foul smelling gases, containing mostly hydro-sulphuretted gas. The production of gas is then either observed only in the stomach, or it continues through the whole intestinal canal.

We already remarked, that the stomach contains normally a certain quantity of atmospheric air, which may be abnormally increased by breathing, by deglutition, yawning, sighing, singultus, etc., and the walls are thus put on a stretch which may be easily detected by percussion. That the stomach takes in large quantities of air during deglutition, has been proved by experiments ; when we open the abdominal cavity of a dog and give him food, we observe that the formerly sunken-in stomach expands in a short time and fills like a bladder air, (Budge). Thus we also find persons who swallow air with all ease and voluntarily expand the stomach ; others are able by a peculiar mechanism of the stomach to pump air into the stomach and discharge it again with audible noise. Thus it also happens, that during a too great expansion of the walls of the stomach or during gastric pains

or slight attacks of cardialgia many patients find relief from loud eructations. We observe this most frequently in hysteric and hypochondriac patients, who possess especially the faculty of forcing air into the stomach and out again. Sometimes such an accumulation of air in the stomach discharges itself voluntarily through the cardia upwards, or it forces its way through the pylorus in the adjacent intestines, where it produces gurgling noises, like the croaking of frogs.

Such processes of decomposition in the stomach may by accumulation of different gases expand the stomach to a degree hardly bearable. These gases are only rarely without scent; either they have the odor of the food or beverages taken, or they smell according to the prevailing gas, either sour (from acetic acid), or acrid and stinging (from carbonic acid formation) or like rotten eggs, from hydro-sulphuretted gas. These gases pass off either through the cardia or through the pylorus, only the intestines participate then also in the flatulency and the meteorismus ventriculi is combined with meteorismus intestinorum, and the painful afflictions become more complicated.

There is also a mechanical cause by which the gases forming in the stomach are retained and produce meteorismus ventriculi. I frequently observed in my practice, that women and children suffer from it, and in consequence thereof from dyspepsia, cardialgia or other disturbances, when the waist is too much constricted by the tying of their skirts. Partly from vanity or from fear of dropping them, ladies are very apt to tie them so tightly that it is impossible to insert a finger between the skirts and abdominal walls. Whenever I am called upon to treat a case of ventricular meteorism in a woman, whether young or old, I always look out for this constriction.

The swallowing of atmospheric air is most frequently observed in persons who eat hastily and bolt their food, as we see so often in the mercantile world. They suffer from eructations immediately after eating, and when this fails to take place spontaneously, they know the relief brought about by kneading the abdomen, and thus forcing the gas to pass off in either direction. When we examine the stomach of such patients immediately after a meal, we find it considerably

bloated, and percussion gives on all points a dull tympanitic sound ; whereas a full stomach, where no air was swallowed, always gives on percussion only an empty sound, and the stomach is hardly ever protruded. Persons who speak much and loud during their meals, are very apt to swallow air with their food, and are thus frequently interrupted by eructations during their conversation.

Meteorismus ventriculi may appear secondarily in chronic dyspepsia, in acute and chronic catarrhus ventriculi, in cardialgia, in erosions of the stomach, in cancer ventriculi, in diseases of adjacent organs, as the liver, spleen, pancreas, duodenum, in peritonitic, typhoid, anæmiac, uræmic processes, in diseases of the brain, spinal cord, or uterus, in marasmus, etc., but in all such cases we find it usually combined with meteorismus intestinorum.

The manifestations showing themselves in consequence of meteorism of the stomach differ according to the degree of tension in the walls of the stomach, and according to the effect of this tension on the walls of the stomach, on the nerves and on the organs adjacent or more distant.

With a moderate formation of gas the stomach is only moderately expanded and percussion gives only a smothered tympanitic sound. Only in very sensitive persons the gastric region is sensitive to the touch, but most persons cannot bear well to have anything tight around their waist, they either feel a tension or a pressure, diminished by passing wind upwards or downwards, but increased by pressure from outwards inwardly. Appetite remains often good, in some cases dyspepsia sets in with symptoms of gastric catarrh. Irritability of mind and in tedious cases even hypochondriasis will be associated with it, and they feel happy when flatulency passes off both ways in large quantities.

Large quantities of gas in the stomach push the gastric region outward in the form of an inverted saucer, the gastric walls feel tense and hard, percussion gives on all points tympanitic sound, and strong pressure feels mostly very painful. They wear everything very loose around their waist, as any constriction renders their state very uncomfortable. Eructation relieves only momentarily, for with the continuation of the processes of fermentation and decomposition gases are constant-

ly made anew, and the trouble is thus constantly increased.—The tension of the abdominal walls increases *pari passu*, patients complain of tearing, burning, constricting pains, and in many cases it may be truly called a *cardialgia*. The diaphragm is often pushed upwards, and the tympanitic sound of percussion can often be heard in the region of the left nipple.

The higher position of the diaphragm dislodges, also the heart and the lungs upwards, which explains the oppression, the dyspnœa, the palpitation, the anguish, the paleness of the face, the perspiration, the cold extremities, and collapse sometimes witnessed in such cases. Where the flatulency fills up the bowels as well as the stomach, symptoms of pressure appear upwards to the liver and spleen, and downwards to the rectum and bladder, causing temporary biliary stagnation, *tenesmus vesicæ et ani*, *hæmorrhoids*, etc. In most cases the appetite is almost entirely lost, the patient complains of nausea, or of eructations which give temporary relief—the tongue is coated, the taste is either sour, or flat, or pappy, and in great processes of fermentation and decomposition, the ructus are either sour or stinging, or with the odor of rotten eggs, producing vomiting and diarrhœa, or both simultaneously. The consequence of such explosions usually is a considerable or total cessation of all symptoms, which may renew themselves even with severity after a short interval, till again discharges upwards and downwards stop them entirely.

Such an enormous expansion of the stomach, or also the intestines, sets in sometimes very rapidly, even after a very slight error in diet, or after the use of young beer, fresh bread or pastry, new potatoes, after eating a few mouthfuls of beans or peas, or from eating oranges, unripe grapes, drinking lemonade, etc. Nursing babes are also frequently troubled with meteorism of the stomach, when they are nursed too often, or when the breast-milk of the mother or nurse is too fat or impregnated with spirits, or when the mother or wet-nurse use too fat, indigestible and flatulent aliments, or fresh bread, pastry, etc. The weaker the stomach and its digestion, the easier it is to take on diseases and morbid flatulency, as we meet it so often in hypochondriac and hysteric persons.

The manifestations of constriction of the stomach from tight lacing of the skirts consist in more or less protrusion of the stomach, in tension or pressure on the pit of the stomach, in dyspeptic states with anæmia, emaciation and irritability of temper. The disease when primary may soon pass off, and we may give therefore, even in severe cases, a favorable prognosis. The secondary cases are always closely connected with the original disease and our prognosis depends on the removal of the cause.

TREATMENT.

In relation to the selection of a remedy for the cure of such a state we must consider: the kind and degree of painful sensation, the different processes of fermentation and decomposition in the stomach and also in the intestines; finally the adjuvantia by which we can aid in the expulsion of the gases.

In persons who are in the habit to bolt their food after long fasting and swallow their food without hardly any mastication, or who talk too much during the meal, and thus swallow large quantities of air, empty eructations will always bring relief. When the air should be retained in the stomach, such patients involuntarily help themselves by pumping the air out, and where they do not know enough for such procedure, they suffer from general malaise, the expanded walls of the stomach cause a tension or pressure, the patient feels depressed and hypochondriacal, till flatus upwards and downwards bring relief. Seidlitz and soda powders are their constant companions, inasmuch as the carbonic acid, discharging itself quickly, carries along with it a part of the swallowed air, and thus reduces the volume of the stomach.

The same may be done with hot beverages—as black coffee or tea, which expands the air and forces it to discharge itself. It may also be possible that the heat relaxes the cardia and thus opens a passage to the pent-up air. Or cold applications may be made on the stomach, thus forcing the gastric walls to contraction and to the discharge of large quantities of pent-up air. The same result is achieved by taking *Nux Vom.* 3rd, a dose every one-half to one hour, or where the sensation of tension prevails with ructus, *Asafoe-*

tida 3rd, or where the stomach is sensitive to pressure without any eructations, Magnesia carbon 3rd, or muriat. 3rd, a does every hour. In order to prevent this swallowing of air, we must admonish such patients to eat slowly and quietly, and to keep their mind to their meals. Habits must be regulated, or else all other treatment can only give temporary relief.

Meteorismus ventriculi, caused by fermentation and decomposition of food, may find their origin in the quality and quantity of the food. It is frequently the case, that simple, easily digested aliments which in most persons cause no trouble, and are easily assimilated, cause great annoyance to some persons, and even cardialgia. They may be merely idiosyncrasies, and then every person can easily find out what disagrees with him in order to let it severely alone. Amelioration is always possible if we only always consider the quality of the ingesta. Thus where the meteorismus is caused by fruit, Pulsatilla 3rd, Veratrum album 3rd, or Bryonia 3rd, in severe cases even Arsen. 3rd or Carbo-veg. 6th; if by vegetables Natrum carb. 6th, or Lycopodium 6th; from coffee, Nux vom. 3rd to 6th, or Ignatia 3rd; from acid aliments, Sepia 6th Sulph. 6th, or Antim. crud. 3rd.

Every physician knows that some aliments are very apt to bloat the stomach—fat meat, heavy and greasy pastry, potatoes, leguminosa, cabbage, young beer, young and sour wines, etc., pass easily into an acid fermentation, and frequently cause a surplus of gas in the stomach, which produces sour esuctations and water-brash. Valuable remedies are here, Nux v., Puls. Carb-veg., Mag. mur. and Sulph., which quickly neutralize the acids of the stomach and cause the gas to pass off. After the use of liquors, of sparkling waters or wines, especially when at the same time quantities of confectioneries are partaken of, an alcoholic fermentation takes place in the stomach, expanding the stomach to the utmost and causing great pain. Here we prefer Nux-v., Natr.-mur., or Lycopod. After the use of rye-bread, heavy dumplings, leguminosa with lard, we meet a meteorismus ventriculi with painful flatulency upwards and downwards, smelling like rotten eggs, for which we give Lycopod. 6th, Bryonia 3rd, Carb-veg. 6th, Puls. 3rd, sometimes Colchicum 3rd. Any one of these reme-

dies, according to indications, brings relief, although neither vomiting nor stool may follow. Hot applications, as adjuvantia, are as well as moist cold applications over the region of the stomach.

Quantitatively a surplus of food or drink may also produce flatulency of the stomach. We find this especially the case after a surplus of beer or sparkling waters, or wines, and Nux vom. 3rd, or Carb.-veg. 6th, will bring relief. Even drinking too much water may produce it, when Rhus tox 3rd or Arsen. 3rd will soon bring relief.

The immoderate use of fat and flatulent food, and the simultaneous drinking of large quantities of beer, wine, or water, may cause an enormous meteorism of the stomach, extending itself to the intestines, with severe complications on account of the dislocation of the diaphragm with dyspnœa, sopor or with the retention of urine and stool from pressure on the rectum and bladder. Nux vom., Carbo-veg., Lycopod., Ignat., Puls., frequently prove their great ability to open the way for the pent-up air, and to give relief by evacuations.—Where the whole abdomen is so expanded that it feels like a drum, and where our remedies fail to give the expected relief, ice-cold fomentations over the abdomen, ice-pills and icy-cold injections may force the abdominal muscles to strong reaction and thus to a discharge of large quantities of retained air—(Dieulafoy's aspirator has been used in several cases of this kind with most excellent results.)

The secondary forms of meteorismus ventriculi are always in connection with abdominal meteorism, and require a close attention to the primary pathological process, where we meet atony, paralysis or adynœmia. The flatulency of the stomach in consequence of lacing too tightly the skirts of women or the drawers of men causes a kind of dyspepsia, for which Nux vom., Ignat. or Sepia, may be given; in severe cases we find more frequently Magn. mur., or Asafet. indicated. Where it produces a continual pressure on the præcordial region, with dyspepsia and oppression in the chest, we ought to remember Arnica 3rd or Kali carb. 6th. Sometimes the pressure becomes so heavy that the patients feel as if a stone was laid on the stomach, and this sensation we always relieve with Arnica. It is hardly necessary to mention that strict rules must be given not to renew the cause of all their afflictions.

This is my own experience—it is a chapter hardly mentioned in any text-book. Will other physicians also give us their practical experience?

Practice of Medicine.

C. P. HART, WYOMING, OHIO, EDITOR.

CHAPTER I.

DISEASES OF THE ENCEPHALON.

PRELIMINARY OBSERVATIONS.

The cerebral affections which we propose to consider in this chapter are those of a vascular, nervo-vascular, and inflammatory character—those which consist chiefly in a disturbance of the mental functions will be reserved for another place.

The former include anæmia and hyperæmia of the brain and its membranes; conditions the existence of which some pathologists still regard as absurd and impossible, but which we shall assume have been amply verified by abundant physiological, clinical, and necroscopical evidence.

The question which formerly excited such acrimonious discussion, namely, whether the amount of blood in the cranial cavity is always the same, has, we think, been satisfactorily determined in the negative by recent physiological experiments; so that the existence of both cerebral anæmia and hyperæmia is no longer a matter of doubt, but must be regarded as of frequent occurrence.

Before entering more fully upon the description of these conditions, we shall introduce a couple of analytical tables embracing the principal cerebral regions and sensations, together with the remedies which, irrespective of other relations, are chiefly indicated.

RIGHT.	LEFT.	FRONT.	OCCIPUT.	TEMPLES.	VERTEX.
Asafetida	Acid. nit.	Aconite	China	Acid. phos.	Ambra
Belladonna	Ambra	Ant. cr.	Cimicifuga	Argentum	China
Bryonia	Argent.	Arnica	Colchicum	China	Cimicifuga
Cantharis	Arnica	Arsenicum	Glonoine	Rhus tox.	Cocculus
Causticum	Asarum eu.	Asafetida	Ignatia	ACONITE	Cuprum
Cina.	Capsicum	Asarum eu.	Moschus	ARNICA	Glonoine
Digitalis	China	Belladonna	Nux vom.	ASAFETIDA	Helleborus
Drosera	Colocynth	Bryonia	Pulsatilla	ASARUM EU.	Lachesis
Ignatia	Crocus	Camphora	Rhus tox.	CANNABIS	Stramonium
Plumbum	Digitalis	China	Spigelia	CANTHARIS	Thuja
Sabina	Euphorb.	Cina	Spongia	CAPSICUM	Verat. alb.
	Iodium	Cocculus		CHAMOMILLA	
	Platina	Colocynth		CINA.	
	Rhododen.	Crocus	ACONITE	COCCULUS	ACID. PHOS.
	Sambucus	Digitalis	ARGENTUM	CUPRUM	ARNICA
	Sepia	Drosera	ASARUM EU.	DIGITALIS	CINA
		Dulcamara	BELLADONNA	EUPHRASIA	GELSEMINUM
	ACONITE	Glonoine	BRYONIA	HELLEBORUS	IODIUM
	ANT. CR.	Helleborus	CAMPHORA	HEPAR SULPH.	NUX VOM.
	ASAFETIDA	Hyoseyamus	CANNABIS	IGNATIA	PHOSPHORUS
	CAMPHORA	Ignatia	CANTHARIS	LACHESIS	SPIGELIA
	CICUTA	Ipecac.	CARE. VEG.	RHEUM	
	CINA	Mercurius	CICUTA	RHODODEND.	Aconitum
	COCCULUS	Natr. mur.	DIGITALIS	SABINA	Anacardium
	CUPRUM	Nux vom.	GELSEMINUM	SPIGELIA	Ant. crud.
	MERC. SOL.	Platina	HYOSEYAMUS	SPONGIA	Argentum
	PETROLEUM	Plumbum	LYCOPODIUM	STAPHYSAGRIA	Asafetida
	RHUS. TOX.	Pulsatilla	MERC. SOL.		Asarum eu.
	SEC. COR.	Rhododend.	OPIUM	Acid. nit.	Aurum
	SPIGELIA	Sabina	PETROLEUM	Agaricus	Belladonna
	SPONGIA	Sepia	SANGUINARIA	Alumina	Bryonia
	STRAMONIUM	Silicea	SABINA	Anacardium	Cannabis
		Spigelia	STANNUM	Ant. crud.	Cantharis
	Aurum	Spongia		Belladonna	Capsicum
	Baryta	Staphysagria	Acid. phos.	Bryonia	Causticum
	Belladonna		Anacardium	Calcarea	Coffea cr.
	Bryonia		Arnica	Camphora	Colocynthis
	Calcarea		Asafetida	Conium	Conium
	Cannabis		Aurum	Opium	Crocus
	Carb. veg.		Baryta	Phosphorus	Euphrasia
	Dulcamara		Calcarea	Stannum	Ferrum
	Drosera		Capsicum		Graphites
	Euphrasia	ALUMINA	Coffea cr.		Ignatia
	Ferrum	ARGENTUM	Crocus		Ipecacuan.
	Helleborus	AURUM	Cuprum		Platina
	Hyoseyamus	BARYTA	Drosera		Sabina
	Ignatia	CAPSICUM	Euphrasia		Sambucus
	Lachesis	CICUTA	Helleborus		Sepia
	Nux vom.	COFFEA	Ipecacuan.		Silicea
	Plumbum	GELSEMINUM	Platina		Spongia
	Pulsatilla	RHUS. TOX.	Rhododend.		Stannum
	Sabina	VERAT. ALB.	Sambucus		Staphysagria
	Staphysagria	Ambra	Staphysagria		Sulphur
	Sulphur	Anacardium	Sulphur		
	Verat. alb.	Calcarea	Thuja		
		Cannabis	Verat. vir.		
		Cantharis			
		Carb. veg.			
		Causticum			
		Chamomilla			
		Colchicum			
		Conium			
		Cuprum			
		Euphrasia			
		Ferrum			
		Graphites			
		Iodium			
		Kali carb.			
		Lycopodium			
		Opium			
		Phosphorus			
		Sambucus			
		Stannum			
		Sulphur			
		Zincum			

HEAT.	PAIN.*	HEAVINESS.	PRESSURE.	VERTIGO.	RUSH OF BLOOD.
Aconitum Arnica Belladonna Bryonia Calcarea Gelsemin. Glonoine Helleborus Ipecacuan Lycopod. Merc. sol. Nux vom. Petroleum Pulsatilla Rhus tox. Silicea Sulphur Alumina Cantharis China Euphrasia Ignatia Sepia Stannum Stramonium Verat. vir. Acid nit. Camphora Causticum Coffea cr. Digitalis Drosera Dulcamara Hyoscyamus Nat. mur. Phosphorus Plumbum Valeriana	Aconitum Alumina Apis Arnica Belladonna Baryta Bryonia Calcarea Cantharis Chamomil. China Cimicifuga Coffea cr. Colocynth. Conium Glonoine Hyoscyam. Ignatia Nux vom. Opium Silicea Spigelia Acid mur. Ant. cru. Arsenicum Cocculus Ipecacuan. Lycopodium Nat. carb. Nat. mur. Rhus tox. Stramonium Sulphur Acid phos. Crocus Cuprum Helleborus Hyoscyamus Ignatia Nat. mur. Opium Petroleum Plumbum Spigelia Stannum Valeriana	Aconitum Belladonna Bryonia Chamomil. Cicuta Carb. veg. Conium Digitalis Dulcamara Ferrum Ipecacuan. Lycopod. Mercurius Nux vom. Pulsatilla Phosphorus Sabina Spongia Staphysag. Silicea Verat. alb. Acid nit. Acid phos. Agaricus Alumina Arsenicum Cactus Camphora China Cimicifuga Cocculus Coffea cr. Cuprum Drosera Glonoine Helleborus Hyoscyamus Ignatia Nat. mur. Opium Petroleum Plumbum Spigelia Stannum Arnica Asafetida Cannabis Crocus Calcarea Causticum Euphrasia Kali carb. Platina Sec. cor. Stramonium Sulphur Thuja	Aconitum Arnica Belladonna Bryonia Calcarea Capsicum China Cimicifuga Nat. mur. Nux vom. Spigelia Acid nit. Acid phos. Asafetida Asarum eu. Arsenicum Chamomilla Cocculus Ignatia Ipecacuan Petroleum Pulsatilla Sulphur Valeriana Acid mur. Ambra Argentum Anacardium Aurum Camphora Causticum Carb. veg. Cannabis Capsicum Cicuta Cina Coffea cr. Crocus Digitalis Helleborus Hyoscyamus Iodium Lachesis Mercurius Natr. carb. Phosphorus Platina Rhododendron Sepia Silicea Stannum Staphysagria Zincum	Aconitum Arnica Belladonna Bryonia Cannabis Conium Gelsemin. Glonoine Lycopod. Natrum Nux vom. Petroleum Phosphor. Rhus. tox. Sec. cor. Acid nit. Apis Cactus Calcarea Camphora Carb. veg. Cocculus Digitalis Graphites Ipecacuan. Mercurius Moschus Nat. mur. Opium Pulsatilla Spigelia Staphysagria Stramonium Sulphur Thuja Verat. alb. Ambra Arsenicum Baryta Cannabis Cantharis Causticum Chamomilla China Cicuta Coffea cr. Crocus Cuprum Drosera Euphrasia Helleborus Hepar. sulph. Hyoscyamus Nitrum Platina Plumbum Stannum Zincum	Aconitum Belladonna Bryonia Cactus Cannabis China Calcarea Carb. veg. Colocynthis Ferrum Gelsemin. Glonoine Graphites Hyoscyam. Lycopod. Mercurius Nux vom. Opium Plumbum Pulsatilla Phosphorus Rhus tox. Sepia Silicea Sulphur Spongia Stramon. Verat. vir. Acid. nit. Agaricus Alumina Ambra Apis Arsenicum Camphora China Cocculus Coffea cr. Cuprum Drosera Helleborus Hyoscyamus Ignatia Lachesis Nat. mur. Opium Plumbum Ranunculus Ratanhia Senega Senna Tartarus Valeriana Verat. alb. Zincum Ant. crud. Arnica Baryta Cantharis Causticum Digitalis Iodium Staphysagria Thuja

* Tearing or
stinging.

ANÆMIA OF THE BRAIN.*

Cerebral Anæmia is a disease of such comparatively rare occurrence, that it would scarcely merit separate consideration, were it not that the similarity of its symptoms to those of cerebral hyperæmia renders it liable to be mistaken for that condition—an error of very grave importance in diseases of the brain, even under homœopathic treatment.

The disease consists either in a diminished supply of blood circulating in the brain, (*hypæmia vel anæmia stricte sic dictus*), or in the cerebral circulation being deficient in hæmatine, (*hydræmia*), or in both, (*hypæmia et hydræmia*.) The first may be referred to whatever cause impedes the flow of blood to the brain, to contraction of the cerebral vessels by spasm or otherwise, or by any other condition whereby the inter-cranial space is lessened; the second, to the various causes which produce impoverishment of the blood, and give rise to general anæmia; and the last to sanguineous losses, which when considerable always produce both paucity and poverty of the circulating fluid.

SYMPTOMS. These vary considerably according as the anæmia is gradually or suddenly produced. When it occurs gradually, the symptoms at first are similar to those of the opposite condition of hyperæmia, namely: great excitement of the cerebral functions, headache, flashes of light, confusion of sight, humming in the ears, vertigo, loss of memory, and sometimes convulsions. At a later period, if the disease goes on unchecked, symptoms of paralysis may supervene.

When, on the other hand, cerebral anæmia sets in suddenly, as in flooding, traumatic hæmorrhages, and other rapid losses of the sanguineous fluid, the symptoms presented are those of *syncope*, namely: loss of consciousness, of the senses, and of voluntary motion, accompanied with a retarded pulse and respiration, and frequently with slight convulsions.

DIAGNOSIS. The greatest care is necessary, especially with children, to distinguish this state from that of cerebral congestion. When caused by debilitating losses, and especially

* See *American Hom. Observer*, vol. vii., p. 55.

when associated with general anæmia, or with an impaired state of the assimilative functions, the history of the case, together with the fact that the symptoms of cerebral anæmia generally diminish or disappear in the recumbent position, will serve to distinguish it from hyperæmia of the brain.

However induced, cerebral anæmia is always attended with great danger to life, especially with children, though when early recognized, and promptly and correctly managed, the disease, even in its acute form, will generally yield to the following

TREATMENT. In simple syncope, all that is generally required in the way of treatment is, to lay the patient in a horizontal position, and thus favor a return of blood to the brain. If, however, the fainting is of frequent recurrence, it will commonly be found to depend upon some other affection, against which the treatment will need to be specially directed.

THERAPEUTIC INDICATIONS.

Arsenicum. Violent headache, humming in the ears, obscuration of sight, particularly on raising the head, vertigo, loss of consciousness, pale, chlorotic colored face, great weakness and prostration, impaired memory, syncope.

This remedy is eminently homœopathic to cerebral anæmia; and is well suited to cases which are complicated or aggravated by the injudicious use of Ferrum. Care should be taken not to use Arsenicum low in this disease. I have generally obtained the best results from the 30th potency.

Calcarea carb. Throbbing, hammering headache, accompanied with great physical prostration, paleness of the face, cold hands and feet, and mental weakness, vertigo, loss of consciousness, frequent fainting fits, suspension of the senses, palpitation of the heart, shortness of breathing,

This remedy is well suited to general as well as cerebral anæmia.

Camphora. Vanishing of the senses, vertigo, violent throbbing headache, embarrassment of the circulation and respiration, pale cold skin, spasms and convulsions.

Hahnemann says of this remedy : "Vertigo, loss of consciousness, and coldness of the body, appear to be primary symptoms of a dose of Camph., and point to a diminished afflux of the blood to those parts which are distant from the heart ; whereas, the rush of blood to the head, heat in the head, &c., are symptoms denoting a reaction of the vital powers, just as forcibly as the former symptoms denoted their diminished action."

The action of this remedy is so evanescent as to require it to be given in rapidly repeated doses, it is therefore best suited to those cases of cerebral anæmia which take the form of syncope, especially when caused by the loss of blood.

China. Headache, especially in the morning, mental weakness, vertigo, especially on raising the head, obscuration of sight, humming in the ears, fainting fits, pale cold face, coldness of the hands and feet, great debility, with tingling, trembling or twitching of the muscles and limbs.

This remedy is best suited to those cases of anæmia caused by the excessive loss of animal fluids.

Cina. Violent headache, which increases by reading or mental effort, dizziness, obscuration of sight, faintness, which is relieved by lying down, paleness of the face, convulsions, paralytic lameness. This remedy is especially suited to children, particularly where there is any suspicion that the symptoms are caused by verminous irritation.

Ipecacuanha. Violent headache, excited and aggravated by stooping, vertigo with temporary loss of consciousness, pale face, cold hands and feet, nausea, with or without vomiting, sweet or bitter taste, convulsive twitchings of the limbs.

This remedy, also, is well adapted to children, and likewise to cases resulting from the loss of animal fluids.

Nux Vomica. Headache, especially in the morning, mental weakness, vertigo, with obscuration of sight and whizzing in the ears, loss of consciousness, syncope, sleeplessness, frightful dreams, constipation, coldness of the whole body, spasms and convulsions.

This remedy is best suited to cases attended with constipation, and like Arsenicum should always be used high.

Secale Cor. Vertigo, headache, loss of consciousness, mental weakness, hammering and buzzing in the ears, obscuration of sight, paleness of the face, diarrhœa, metrorrhagia, spasms and convulsions.

This remedy is particularly applicable to cases of cerebral anæmia caused by colliquative alvine evacuations, or by flooding.

Veratrum alb. Headache aggravated by movement, especially stooping, giddiness, vanishing of the senses, wakefulness, fainting fits, general coldness, violent vomiting and purging, spasms and convulsions, followed or attended by paralytic weakness.

This remedy is suited to similar conditions to those for which *Secale cor.* is indicated, but with this difference, that while the latter is better adapted to cases of cerebral anæmia depending upon uterine hæmorrhage, *Veratrum alb.* is better suited to such cases as depend on losses occasioned by excessive alvine discharges.

For other remedies employed in this disease, consult Tables V. and XII.*

DIET AND REGIMEN. The diet, particularly in cases occasioned by loss of animal fluids, should be light and easily digestible, liberal in quantity, and nutritious. In most cases the moderate use of malt liquors may be allowed, but strong alcoholic drinks are unnecessary, and should be avoided.

CEREBRAL HYPERÆMIA—CONGESTION OF THE BRAIN.†

Hyperæmia of the the brain is either *active* or *passive*.

Passive Hyperæmia is the result of mechanical or other causes interfering with the return of blood from the brain, producing over-distension of its vessels, and consequent depression of its functions.

SYMPTOMS. Its characteristic symptoms are : coldness, especially of the head, from enfeebled circulation, impeded respiration, a sense of weight and fullness of the head, produc-

* See *American Hom. Observer*, vol. vi., p. 556 ; vol. vii., p. 295.

† See *American Hom. Observer*, vol. ii., p. 51.

ing more or less stupor or drowsiness, vertigo, impaired vision, lividity, or else undue paleness of the lips and face, nausea, and sometimes vomiting.

SYMPTOMS. The treatment of passive congestion consists in removing, as far as possible, the causes which produce it. Rest, both physical and mental, and the avoidance of everything calculated to disturb the circulation, such as excess in eating and drinking, are of special importance in every case, and should be carefully observed.

Active Hyperæmia of the brain is more common than the variety just described, and is sometimes serious and even fatal; but it derives its chief importance from being the ordinary precursor of meningitis, hydrocephalus, and cerebral apoplexy. It is generally characterized by one or more of the following

SYMPTOMS. High excitement of the cerebral functions, vertigo, headache, delirium, morbid vigilance, or its opposite, stupor or drowsiness, confusion of mind, loss of memory, feeling of weight and fullness in the head, roaring and buzzing in the ears, confusion of sight, and other evidences of deranged vision, nausea and vomiting, and in some cases spasms and convulsions, or the opposite condition of muscular weakness and paralysis.

ETIOLOGY. The chief predisposing causes of cerebral hyperæmia are: overrichness of the blood, or a plethoric condition of the system, the sanguineous temperament, the cessation of growth, and the change of life. Among the more common exciting causes are: exposure to heat and cold, suppressed eruptions, rheumatism and gout, excess in eating and drinking, determination of blood to the brain, excessive mental labor, moral emotions, excitement of the passions, and mechanical injuries.

TREATMENT. As in passive congestion of the brain, the first thing to be done is, as far as possible, to remove or lessen the exciting cause. This of itself will frequently produce entire relief. Hence, all excess in eating and drinking, the excitement of the passions, mental and bodily labor, and everything calculated to excite the circulation, or affect the mind, should be carefully avoided.

THERAPEUTIC INDICATIONS.

Aconite. Headache, with fullness and heaviness, as from a weight, throbbing and piercing pains in the head, forehead, and temples; heat and redness of the face and eyes, excessive photophobia, flashes of light, roaring in the ears, temporary blindness, vertigo, aggravation of pains by movement, more or less relief in the open air.

Aconite though generally inferior to Belladonna in cerebral hyperæmia, is perhaps the best remedy for that condition when caused by violent emotions, such as anger or fright.

Arnica. Heat and burning in the head, with coldness of the body, throbbing headache in the forehead and temples, increased by warmth or exercise, nausea and vomiting, vertigo, delirium, loss of consciousness, tendency to apoplexy.

Arnica is always the best remedy for congestion of the brain of a traumatic origin, or when produced by mechanical violence, such as falls, blows, etc.

*Belladonna.** Sense of weight and heaviness in the head, with painful stitches, vertigo, delirium, loss of consciousness, redness of the face and eyes, roaring and humming in the ears, dilation or contraction of the pupils, morbid vigilance, or its opposite, stupor, great sensitiveness to light and noise, spasms and convulsions.

This is by far the best general remedy for cerebral hyperæmia, especially for children.

Bryonia. Compressive pain in the head, especially in the morning, pain in both temples, pressing outwards, photophobia, buzzing in the ears, intolerance of light and noise, pain in the head increased or caused by stooping, bleeding of the nose, drowsiness during the day and disturbed and unrefreshing sleep at night, startings in sleep, with twitchings in the facial muscles, skin alternately hot and moist, nausea or vomiting, constipation.

(To be continued next month.)

* See *American Hom. Observer*, vol. ii., p. 143; also *new series*, vol. i., p. 384.

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, M. D., CHICAGO, ILL., EDITOR.

OLEUM CAJUPUTI.

PROVING BY GEORGE R. PARSONS, M. D., CHEBANSE, ILL.

The oil is obtained from the leaves of the *Melaleuca Caruputi* U. S.—*Melaleuca* (*Sex. Syst.*) Polyadelphia ; Icosandria Nat. Ord. Myrtaceæ. Gen. Ch. Calyx five-parted, semi-superior. Corolla five-petaled. Stamens about forty-five very long and arranged in five bodies. Styles single. Capsule three celled, seeds numerous. Native of Moluccas and other neighboring islands.

PROPERTIES.

This oil is very fluid, transparent, of a fine green color, a lively and penetrating odor, analagous to that of camphor and cardamom, and has a warm pungent taste. The Malays and other people of the East use it in chronic rheumatism and in spasmodic affections of the stomach and bowels. An eminent French practitioner, M. Delveau, has used this drug extensively in dyspepsia, with flatulence, verminose affections of children, chronic laryngitis and bronchitis, and chronic catarrh of the bladder, and also with great benefit in cutaneous diseases as pityriasis, psoriasis, etc., and especially with marked success in that extremely obstinate affection of the face *Acne rosa* by a simple application of the oil three times a day. Allopathic physicians of this country prefer this oil to almost any other drug where there is any irritation of the mucous surfaces, especially of the mouth, throat, œsophagus, stomach and bowels, either acute or chronic. In my own practice I have found the following recipe most serviceable in neuralgia of the face, and in acute arthritic rheumatism applied in the form of a liniment.

R. Oleum Caj. f. ℥ ss.
Aqua Ammonia ℥ ss.
Chloroform ℥ j. M. Shake.

During the summer of 1869, while a student of J. Moore, M. D., in Kankakee, Ill., I made the following proving of this drug :

The prover is tall and slender, light hair and eyes, nervous temperament, age 27. Normal pulse 76, Respirations 18. Aug. 9th, 9 A. M. took 7 drops on a lump of sugar, which left an acrid taste in the pharynx and œsophagus for a few minutes. Then for two hours there was a sensation as if I was just a little larger all over. This was followed by a feeling in the œsophagus, as if I had swallowed some lye from wood ashes, and that it was making the mucous membrane peel off. Taste in the mouth as if there was lye in it. 2½ P. M. took 10 drops on sugar, and immediately felt a cool and not unpleasant sensation in the mouth and pharynx. After one hour full and dull heavy feeling all through the head. One hour later this same feeling all settled in the occipital region, and then gradually wore away. Weather warm and dry, but had rain at night. August 10, 9 A. M., took 20 gtt. on sugar. It was with much difficulty that this could be swallowed, as the œsophagus seemed to close up and leave no place for it to go down. Excessive coughing and strangulation, which was followed by a *profuse* flow of saliva lasting for 20 minutes. This was immediately followed by a sharp steady pain *through* the superior and internal portions of the right lung. This pain was confined to a small spot, but seemed to go clear through the lung from before backwards. Burning in the œsophagus, as if there was lye in it. On rising from a seat, sensation or feeling as though I should vomit. Constant inclination to spit and hawk up large quantities of tough white mucus, which I could feel draw through the nares. Burning in the lower part of the pharynx. Coughing almost makes me vomit. After one hour pulse 86, I do not want any one to speak to me. Nevertheless, I like to be where I can see persons and hear them talk. Can't bear to look inside of the books I usually study. Can think of a thousand things in a minute. After two hours, constant feeling of slight warmth clear down the trachea into the lungs. Voice hoarse, as if I had taken cold. Feel and walk as if I had taken too much lager beer. Can walk straight, but feel so very unsteady.

2½ P. M. took 22 drops in three ounces of water. Immediately there was a profuse flow of saliva lasting some minutes. After one hour a sort of trembling all over set in, together with a sensation as if I was a *good deal larger all over*. Want to walk slow and very

dignified, and prefer to walk alone. Occasional sharp pains through both lungs. Can't think of anything; ideas come slow. Can't bear to do any kind of work or study. My face feels all puffed up, and has a yellow appearance. After two hours have a laming sensation in the carpal bones of the left wrist. Head feels very dull; frequent gaping and stretching. When I raise my arms up for anything, they feel as if they would just drop right down in spite of me. Feel as if I was just getting over a hard spell of sickness. After supper felt better and more like myself. During the night I had several not unpleasant dreams; through the later part of the dreams felt disposed to swear and act like a rowdy.

August 11. This morning I arose at 5½, my usual time, and had a dull heavy feeling through the head, which got better after moving around. After breakfast, at 8¼ A. M. Pulse 73, and very weak. My arms feel like soaked wood hanging to me. They feel so heavy and useless that it takes all the will I have to raise them. At 9 A. M. I took 25 drops in three ounces of water. Soon after a general numb feeling set in, especially in the face. After two hours, sensation, as if my arms were tied close to my body. It takes all the will-power I have to raise them, or even move them. The left one is particularly numb. They feel as if they would tremble if I would let them. When stooping forward there would be stitching pains through right lumbar region.

At 3 P. M. took 35 drops in four ounces of water. Almost immediately I felt a sharp pain through the superior portions of both lungs. After ten minutes, sensation as if I was larger all over. Pulse 85 full and strong. Rough feeling of the face. Can't hurt the skin by pinching it. Almost complete loss of sensibility of the outer side of the thighs and dorsal surfaces of the forearms and hands. The inside of the thighs and palmar surface of the hands are exceedingly sensitive to pinching. Heavy feeling of the eyes, but do not feel sleepy. Eyes look very dull; the upper lids feel as heavy and thick as common shoe leather. After four hours, while walking to supper and back, my knees felt so weak it seemed as if I certainly should have to stop and lie down and rest. After getting back to the office my knees ached with pains which continued nearly all night. Heavy dull feeling all over after going to bed. Do not

sleep sound ; heard the clock strike two. Have a good appetite ; can eat anything ; but I don't feel natural when eating. The eating all seems to be performed mechanically.

August 12. This morning on rising, my arms feel tired and heavy. The urine is so clear that it sparkles, and is very much diminished in quantity.

At 8½ A. M., pulse 78, feel dull and stupid ; no energy to do anything. At this hour I took 40 gtts in 3iii of water, and almost immediately felt a slight burning sensation in the inner corner of the left eye, followed by a pain in the dorsal system of the left scapula. Sensation, and feeling as if the head was as large as a half a bushel. After one half hour from taking the last dose, the pulse is 74 and very weak. The lobules of my ears are red, and the upper portion remains natural. After three hours' excessive weakness and lame feeling in the elbow joints, when I get up to move around, I just want to drop right down and lie there. Feel dizzy when I walk ; feel as if intoxicated ; can hardly walk straight ; feel as if I should stumble over my own legs. Tongue feels as if it filled my mouth all up ; speech thick and slow.

3 P. M. Took 50 gtts. in water, and all afternoon felt as if I was just getting over a drunken spree. My bowels have always been very regular, and but one stool a day. To-day I had three stools apparently natural ; they were of a very bright yellow color. Urine clear and very much diminished.

August 13. Felt a little weak this morning, very much like as if I were just recovering from a severe attack of sickness. Felt very much like passing stool at the usual time, but the rectum felt so paralyzed that no movement could be effected at all.

9 A. M. took 60 gtts. and got no particular symptoms. 2½ P. M. pulse 72, took 70 gtts., and in ten minutes pulse run up to 80. During all the afternoon I felt stupefied and completely intoxicated. After five hours had the most intense thirst, which lasted about an hour, followed by a salty taste in the mouth. Went out into the country ten miles, and felt first rate in the evening. August 14. Woke up at 5 A. M. with severe headache all over the head, with neuralgic pains in the malar bones, and a stiff dry feeling in the jaws. When eating breakfast, and on taking any kind of solid food,

it would seem to go part way down the œsophagus, and lodged there until forced down by more food. The œsophagus seemed to be *entirely paralyzed*. A very disagreeable and painful sensation continued in the œsophagus after breakfast. The sensation was like as if a portion of the œsophagus was swollen and very much constricted, and that there was something trying to be forced through it. I stopped taking the drug to-day, as I was afraid my throat would get so bad that I should choke to death. After dinner and supper my throat felt worse than ever, and especially on attempting to swallow solid food. Had a natural stool to-day the first for 48 hours. Urine still diminished in quantity, and has a milky appearance and smells like that of a cat's. During the day the alæ of my nose would *suddenly turn* red, clearly defined, and then suddenly go away. This symptom was especially noticed by Drs. Moore and Ruden.

August 15. Arose at 5 A. M. with severe headache and prosopalgia, which lasted until I was eating my breakfast, when all the pains went away suddenly. Aching in unsound bicuspidis when biting anything. Can hardly swallow at all this morning; the œsophagus feels sore all the way down. Even to think about eating makes the œsophagus pain worse than ever. Had a very small stool on rising. Urine still light colored and smells badly. Had erections all night, and for a long time after rising, but without the least sexual desire. The penis soon became all shrivelled up, and was not half its usual size.

August 16. Feel unusually well to-day, but can't think of study. Rode 25 miles in the afternoon and evening, and at sundown I had the most severe pain in the head and face come on, and last all night that I had experienced at all. Throat and œsophagus still feel very sore and closed up.

August 17. Was out in the country hunting and had wet feet all day, and felt first rate at night. August 18 still hunting and wading in the water all day; feel unusually well at night. August 19 did not hunt much to-day, but feel completely tired out, and want to get back to the office. Throat has got well.

August 20 to 28. Have had head and face ache almost every day and every other night. The pains are of a neuralgic character, and always go off suddenly on eating, about the 25th day my throat

commenced getting sore again, and by the 28th was almost as bad as when I was proving. All of the muscles of the neck are very sensitive to external pressure. Sexual desire seems to be completely gone. Head feels dull and heavy. There were many important symptoms occurred for ten days longer, but neglected to record them: will prove this drug again soon.

[The following symptoms were reported to *Hahnemannian Monthly*, vol. 6, p. 66, by C. Ruden, M. D., who made his proving from 6 to 10 drops of the oil.

Rectum and Anus—Itching around the anus.

Stool—Diarrhœa, watery, yellowish; worse at night.

Urine—Dark red and smells like that of cats.

Sexual organs—Erections with great desire.

Chest—Pain and soreness across the chest. Pain right lung.

Superior extremities—Left arm feels as if it were out of joint.

Lower extremities—Weakness and pain in both knees, so that it was with great difficulty that I could walk. Stitching pains through both knees.

General symptoms—Languid, tired and sleepy.

Skin—An eruption as thick as measles, all over the arms and body, and upper portion of the legs (third day). Intense itching, aggravated by scratching, lasting two hours (after five hours).

Sleep and dreams—Wanted to sleep with his arms locked under his head, for the first time. Sleep with amorous dreams, without emissions.

Fever—Feels cold, and cold sweat all over the body (after one hour).]

NOTE BY DR. HALE.

I have always taught that the provings of a medicine would show that its allopathic (empirical) *successful* use had been homœopathic. The above provings illustrate this.

It causes many of the symptoms of *hysteria*; a kind of *paralysis of the arms*; *stricture of the œsophagus*. All these conditions it has cured.

In the Fourth Edition of *New Remedies* I have collected other provings and some additional clinical experience.

It will be found an excellent remedy in *nervous vomiting*. It equals *Terebinthina* in *tympanites*. It will be better than *Asafœtida*, and much pleasanter. I would recommend it in the *nervous distension* of the bowels, reflex from uterine disorder. In this respect it resembles *Nux moschata*. It corresponds to many of the phenomena of nervous fever—the physical as well as mental symptoms.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

QUACKS AND QUACKERY.

There are some tricks in scientific quackery worth a dozen of the best that the "Retired Minister" and the "Old Practitioner"—who is forever about out of sand—can muster.

True they have a neat way of transferring the currency of the unsophisticated invalid to their own pockets without anything like an equivalent, either in instruction or amusement. But, at least, they hurt nobody's character but their own; and that, usually, is not productive of serious inconvenience, for, as a rule, they have had no characters worth mentioning since their embarkation in the business of reclaiming heedless youth at \$5 per head.

The travelling doctor who abandoned an honorable and lucrative position on the medical staff of the British Army, and is now merely travelling for the double purpose of amusement for himself and benefit to afflicted humanity has enough metaphorical brass in his face to make a grandfather to the Colossus of Rhodes.

But there are a great many individuals of the lynx-eyed public that can "see through" him without an effort at sharpness, and the result is that his "little game" is limited in its range, and his "haul" of "soft shells" is comparatively small.

It is to the scientific quack that we are to look for smooth, finished and undetectable quackery. His is the skilled hand that "lays it on" so thickly that it can't be seen through; and yet, so smoothly that there are no angularities to be projected against the keen understanding of some inquisitive old lady.

Two years ago I was superseded by an "old doctor," in the treatment of a case of pleuro-pneumonia, after three days in which little amelioration had been effected. Ten days after I heard, from a neighbor woman that the man was dead. I was very much surprised, as I considered the case not dangerous—a strong young man with an evening temp. 103° pulse 90, no gastric or other complications of a plain pleuro-pneumonia. My offence had been that I had failed to relieve of a smart pleuritic pain of which he had complained considerably. I expressed my astonishment at the termination of the case, and asked if any new symptoms had set in.

"No. Dr.—stopped that pain—that *you* couldn't help—right off. And he rested 'easy' until he died. Dr.—said if he had had the case at first he could have cured him. And we all think he did everything that could have been done." And the old lady walked off a little flushed with her defense of the "old doctor."

And thus it is that these gentlemen who entertain such a lofty scorn for quacks and quackery, practice it every day of their lives, and nobody but the victimized "irregular" any the wiser.

In this universal and reprehensible practice of narcotizing, lies almost the whole sum and substance of quackery. The public are being continually warned against the advertising quack and the straggling swindler. And the warnings coming from those in whom they have confidence, have had the effect to make the "living" of the travelling quack a precarious one, and not so remunerative as an honest country practice fairly conducted.

But how often have I seen these opium-stuffing, all-narcotizing gentry of the *educated* profession, fuming and foaming over the defeat of a legislative measure designed to prevent anybody but themselves from prescribing drugs. How magnificently rounded are the periods of the title of House Bill so and so. "For the protection of Life and the conservation of the health of the People of our State, from the murderous practices of Quackery" (*i. e.*, "Irregularity.")

And yet in their heart of hearts these men know and feel that they themselves are the veriest quacks in existence. I might quote here what has been said ten thousand times, no doubt, by all the great-men and thinkers of the pre-eminently "regular" school. How, standing far down the westward slope of life, their mental vision cleared by the lifting of the misty veil of eternity they have lifted up their voices and wept in soul-agony for the impotence, the folly and the *sins* of Regular Medicine.

A. B. C.

THE MEDICAL SCHOOLS.

I.

Twenty years ago the distinctions and differences between the various schools of medicine were much more sharply defined than they are at the present day. Mother Allopathy ruled the roost in those days to an extent that even her truest sons can hardly hope to do now. She sat enthroned in solitary state, and all, save her vassals, were strangers and aliens to the commonwealth of medicine. Homœopathy, Hydropathy, Thomsonianism and Electicism, all defied it, but Homœopathy was in its infancy, and its truest believers hardly saw its near future. Hydropathy already felt its limited range of application. Thomsonianism was dying for lack of knowledge, and Electicism was still smothered in its Thomsonian swaddling-clothes. Allopathy held almost all the colleges, most certainly all the best of them, but the schools of her rivals were few and feeble, but—thank God—if they were few and feeble they were fearless too. So powerful was she that staunch homœopaths, men who had fought in the cause of the Similia in the dark and early days of its history, actually declined to send their

students to the homœopathic schools, preferring to send them to the colleges of the dominant sect. Mother Allopathy controlled nearly all the journals. It is true that across the sea the *British Journal of Homœopathy* worthily upheld the banner of Hahnemann, and that for nearly a quarter of a century, we, on this continent, have had the *North American Journal of Homœopathy*—save during one brief eclipse, and also save during the aberrations of the apostate Peters—but still the fact remains that while homœopathy had two good journals and eclecticism but one, allopathy controlled nearly all the vigorous journals from the stately *American Journal of the Medical Sciences* to the bright and trenchant *Lancet*. She issued nearly all the text-books. No homœopathic work of that day equalled in learning and research the admirable *Practice* of George B. Wood, and indeed the same thing may be said at the present day, for even Bæhr's great book does not equal it in the important point of the natural history of disease. We possessed no work on Obstetrics save the little work of Croserio. We had no work on Surgery though Helmuth was planning his admirable hand-book, and doubtless Hill and Hunt were working at their very excellent book. We made no pretensions to writing treatises on anatomy and physiology, and were content with Erasmus Wilson and that dreary Carpenter. Only on two points were we strong—Materia Medica and Therapeutics. We were the heirs of Hahnemann's matchless treasures, the "*Materia Medica Pura*," and the "*Chronic Diseases*," and we had the *Symptomen-Codex*, and in spite of the critics we believed in it too. In Therapeutics our great authority was Franz Hartmann, and his excellent volumes formed the basis of the practice of nearly all the physicians who received their education at the period of which we write.

Though Allopathy had nearly all the good colleges, it by no means followed that she possessed all the good professors. In Philadelphia no professor of obstetrics—not even Charles D. Meigs himself—equalled Isaac Moreau Ward, who taught us so well, that many of his old pupils make the proud boast that "*in twenty years they have never lost a mother and never lost a child*." William A. Gardiner turned out excellent anatomists, and, indeed, nearly all the Philadelphia and Cleveland professors were men of mark.

The practitioners differed almost as much as the colleges and the journals. Allopathy had the upper hand, though she was dimly

conscious of the strength of her great rival, and while the typical allopath smiled at the hydropath, and patronized the eclectic—especially if that particular eclectic allopathized—his dignity was offended at the mere mention of homœopathy.

Was the homœopathic practitioner of twenty years ago equal to his allopathic brother? The writer is strongly of the opinion that in all respects he was the equal of his “regular” brother, but then the public, the allopath and the homœopath himself didn’t think so. We were combative enough in our way, but we did not carry our heads quite as high as we do now. We held the true law of cure, but it had by no means the same general acceptance which it possesses at the present day. If we were inferior in any thing, it was in surgery. Not that we were naturally inferior in aptitude and skill, though to hear the allopaths—and some of the homœopaths who had been allopaths—talk, one would think that as soon as a man gave in his adhesion to the law of cure all knowledge of surgery and all aptitude for surgical operations deserted him. The truth is that we were all so busy with medicine that we had little time for surgery, and disuse brought the inevitable distaste, and so it came that in spite of ourselves many of us became pure physicians.

I have said that some of the homœopaths who had been allopaths looked down on the surgical attainments of such of their brethren who had always been homœopaths, and, on looking at the matter dispassionately, I see that these gentlemen had exceedingly little reason for the position which they assumed, for, while some of these converts from the hostile ranks where men of whom any school might be proud, it cannot be denied that some of them were very far indeed from being successes in surgery or in anything else. “Not to put too fine a point upon it,” these men are the bread-and-butter converts whom starvation, not conviction, drove into our ranks, and some of the worst surgery—and some of the best too—that I ever saw in my life was done by homœopaths who had been allopaths. The cause of this is very plain, indeed it lies on the surface. If a practitioner was eminent in surgery, or likely to be eminent, he would find ample scope for his genius in the old school, and would have but little inducement to venture into the devious paths of homœopathy. And so, while many excellent surgeons have come

over to us from the enemy, it is well known that many have come over who never were a credit to Mother Allopathy, and who are certainly no credit to Homœopathy. Again, the mere change of school would never convert a bad surgeon into a good one, and this in spite of the unquestioned efficacy of the surgical remedies peculiar to us.

Indeed to some of these surgeons that very wealth of surgical remedies is a sealed book, for their homœopathic surgery begins and end in Arnica Montana. Well, as time rolled on, this stigma of ignorance of surgery has passed away, and in the future our surgeons will surpass the surgeons of the old school as much as our physicians and accoucheurs undoubtedly excel their competitors at the present time.

TAILLEFER.

CLIMATE AND HEALTH OF CALIFORNIA.—(*Pacific Medical and Surgical Journal*).—Since the American settlement there has been no season with so little rain as the present, in the latter half of the rainy season, so-called. Since January, barely half an inch has fallen, instead of an average of eight inches. It would appear that the entire western coast of the continent has come within the influence of those causes, whatever they really be, which have produced climatic anomalies in the northern hemisphere on both sides of the Atlantic. At Panama, it is reported, the drought has been unexampled, and at Chirique, Peru, an account says no rain has fallen since November.

We might reasonably look for some disturbance of the public health as a result of these unusual climatic perturbations. Nothing however of much note has occurred, except a large mortality in the Atlantic States from pneumonia and other diseases of the respiratory organs incident to the extreme cold. Perhaps scarlatina has been more extensively diffused than common. This scourge of early life appears to have been gradually gaining ground for a number of years both in America and Europe. It has been on the increase in some portions of California, particularly in the genial climate of the southern counties. Dr. Julius C. Morse writes us from Point Arenas, in Mendocino County, that he has had twenty-four cases in charge, with no deaths thus far, which would indicate a remarkably mild form of the disease. Measles has prevailed extensively, and it is worthy of remark that this disease prevailed for months in the rural districts before it invaded San Francisco. Here, and we believe elsewhere, it has been exceedingly mild. Within a month past, an outbreak of erysipelas has occurred in San Francisco; cases have been brought to the Hospital of the city and county from all quarters—mostly mild and curable. To this we may add, that for a year past there has been an unusual tendency to hepatic disease in San Francisco and elsewhere. Many cases of jaundice have occurred and not a few of acute inflammation. At the present moment most of the cities and towns of the State are crowded with immigrants—men, women and children, recently arrived, and generally in circumstances not very favorable to health. We should not be surprised if the coming summer should swell the bills of mortality beyond the normal standard.

DOCTORS—FAST!—*A slow set of fellows* are the Germans. They make but 600 doctors in a year, whilst the United States, with the same amount of population, manufactures upwards of 3,000!

BLONDEAU ON THE CAUSES OF DISEASE. (*Popular Science Monthly*).—In the *Moniteur Scientifique* for November there is a very ingenious essay, by Dr. C. Blondeau, on the causes of disease, in which the author endeavors to show that morbid states are always the result of disordered cellular function. His argument is substantially as follows: The cell exists before the organized being, virtually include it, and survives it after the play of its organs has been arrested. Hence, in order to understand the phenomena of the organization, we must study the cell which, when its functions are not disordered, is the primary cause of life and motion, but, when they are interfered with, of death. During life, every thing depends on the cell—when the animal respire, the cell acts the chief part in that function; when a muscle contracts, it is the muscular element, the cell, that feels the action of heat and causes the muscle to move. The same is to be said of nervous and glandular action. In a word, the life of the organism is simply the resultant of the life of the cells, their individual existence being coördinated to subserve a perfectly definite object. When this coördination is interfered with, we have disease. And hence, if we would reëstablish the equilibrium, we must remove the obstacles which hinder the cell in the discharge of its functions; but to this end we must understand the nature of the agents which so interfere with its functions. These agents are all the poisons, whether organic or inorganic—whether viruses or mineral substances. The remedies to be employed, therefore, are counter-poisons, also derived from these two kingdoms. Innocuous viruses introduced into the animal economy may neutralize the dangerous effects of those which are toxic, just as certain mineral salts may destroy the disease-germ without endangering the life of the patient. Thus the germ of small-pox is neutralized by vaccine virus, and the syphilitic virus by the salts of mercury.

When it has been demonstrated that disease is the result of disordered cell-secretion, then medicine will rest upon a scientific basis. But, so long as we persist in regarding the human body as a mechanism set in motion by the same forces which act upon inorganic substances, we shall never be able, says the author, to explain the action of poisons on the organism. Until it is admitted that the blood is, for the most part, composed of organized living cells, that these cells act the principal part in forming and maintaining all our organs, and that they may undergo modifications which lead to serious maladies, we shall never be able to trace the disturbances occurring in the economy to any certain and definite cause, or to discover the proper remedies.

SKIN DISEASES.—*Dr. Lanceraux* reports in the *Societe Medicale des Hopitaux*, on three cases of herpes circinatus, caught from a cold. During the discussion which followed *Besnier* remarked, that he frequently observed herpes circinatus on the hands and forearms of butchers, who are in the habit of removing the pelt from the carcasses of calves, and it is well-known that herpes circinatus is frequently found in calves. *Besnier & Bergeron* found statistically, that favus is a disease of country people, herpes tonsurans attacks those dwelling in cities. Of 100 Parisians, 95 suffered from herpes tonsurans, and only five from favus; nearly all favus-patients in Paris, are emigrants from the country. It is a rarity, that one person infects another with favus. *L' Union Med.* 72, 1874.

PUNCH ON QUACKERY.—Holloway, the London charlatan, who made a fortune by the sale of cathartic pills, having devoted a portion of the proceeds to founding an asylum for idiots, Punch proposes the following inscription to be placed on the front of the building:

Not oft is fate so just; see wealth restored
Back to the simple source from which it poured.

SANITARY SCIENCE.

CULINARY UTENSILS—In a paper addressed to the French Academy of Sciences, Dr. Fordos gives the results of some experiments of his on tin vessels used in laboratories and hospitals, and even in private families, for infusions and similiar purposes. These utensils generally contain lead in certain proportions, and it was, therefore, not inexpedient to learn how far that poisonous metal might be injurious to health, in the long run. Dr. Fordos began by introducing water acidulated with one per cent. of acetic acid into a tin can provided with a lid. After letting it stand for a few days, he observed on the inner surface of the vessel a slight white deposit, which was soluble in the acidulated water and communicated to it all the characteristics of a lead solution—iodide of potassium yielding a yellow precipitate, sulphuric acid a white one, and hydrogen sulphide a black one. Nevertheless, this latter test is not reliable, since it causes a black precipitate with the salt of tin likewise dissolved in the liquid. The existence of a salt of lead in the white deposit is, however, sufficiently proved. It is confirmed in another way. If the inner sides of the vessel be rubbed with a piece of clean wet paper, a solution of potassium iodide will turn it yellow. In certain experiments a crystallized salt of lead was detected at the bottom of the can. In another series of experiments wine and vinegar were tried. They both became charged with lead as they dissolved the lead salt deposited on the sides. Again, tartaric lemonade left for twenty-four hours in the vessels became impregnated with lead. Hence, Dr. Fordos concludes that in alloys of tin and lead both metals are attacked, the latter generally the first, when in contact with the atmosphere and acid liquids, such as wine, vinegar, lemonade, etc.; and that, consequently, there may be serious danger in using such alloys either in the shape of vessels or in tinning culinary utensils.

POISON BY ARTIFICIAL FLOWERS—(*Scribner*).—One branch of the industry in which children are employed is technically known as grass work. It consists in fastening small glass beads or "dew drops" to the artificial grass, and so simple is the work that mere infants can help at it. The master of a ragged school in a densely populated district of London found that when a particular kind of artificial flower was in fashion the young children neglected to attend school. He told James Greenwood, who wrote an article which appeared in the London "Telegraph" some time ago: "You may always know a grass hand if he has been at work any time, from the appearance of his hair. You will find the front part of it—that which is most exposed, as the head is bent over the work—to be of a different color from the rest. If the child's hair is light-colored, the patch in front, just where the parting commences, will be changed to a dull yellow; if the hair is naturally dark the patch will be rusty, almost of the color called caroty. If they work long and hard at the grass the hair will fall out." The threading of the beads on blades and leaves of grass, and the subsequent shaking to see that all is right, dislodge particles of the arsenical green, which poisons the air and tells its tale upon the poor children.

SEWAGE. (*Popular Science Monthly*).—E. MONSEN, C. E., has written a pamphlet entitled "The Sewage Difficulty exploded." "The author," says *Iron*, "cuts the knot of sewage utilization, by regarding sewage as practically useless for agricultural purposes, thus restricting the question to the easiest and most economical method of rendering it innocuous. He puts his opinion in epigrammatic form when he observes that sludge and sewage require a deal of leaving alone. Having removed the insoluble matter or sludge by deposition, and brought the liquid portion into a condition sufficiently innocuous, he proposes to pass it into the rivers; the sludge he would bury or store in trenches. It will thus, he says, be put out of the way, and cease to be a nuisance."

HAHNEMANN HOSPITAL, NEW YORK.—Dr. F. Seeger of New York City who has been the chief medical officer of the Hahnemann Hospital of that City during the past five years, first as Medical Director and then as Chief Physician, has resigned. In accepting the same the Board of the Hospital unanimously adopted the following resolutions :

Whereas, It has been deemed advisable by all parties interested to merge the New York Surgical Hospital and the Ladies Hospital Association into the Hahnemann Hospital of which Ferdinand Seeger, M. D., is the founder, and of which he has been Chief Physician since its organization, and *Whereas*, for the accomplishment of this purpose, Dr. Seeger has with great generosity and true delicacy resigned his office in the said Hahnemann Hospital.

Resolved, That we avail ourselves of this fitting opportunity to express our appreciation of his efficient aid in acquiring and securing to the Hospital its present rights, privileges, property and success, at all times using his best efforts in promoting its interests by the liberal devotion of his money, his time and his professional skill, to the objects of the Institution by his unwearying services and attentions to the patients at the hospital, and by his faithful and untiring performance of the duties of his office, be it therefore.

Resolved, That the thanks of the Hospital through its Directors, be and they hereby are tendered to Dr. Seeger with the expression of a hope that he may continue to enjoy the success in life, which he has so honorably earned and so eminently deserves,

Resolved, That a copy of the foregoing resolutions be spread upon the minutes, *Resolved*, That a copy of the same suitably engrossed be presented to Dr. Seeger.

HIRAM CALKINS, *President*.

JAMES K. AVERILL, *Secretary pro tem*.

New York, May 8th, 1875.

THE ALLEGHENY FREE DISPENSARY.—Through the private enterprise of Dr. W. F. H. O'Keefe graduate of class of '75, New York Homœopathic Medical College, the above Dispensary has been opened, being the first and only dispensary in Allegheny City, Pa., under the homœopathic system of treatment. It is one of our best dispensaries in design, and already has a good run of patients.

DRAKE. At the May meeting of the State Homœopathic Society of Michigan, at Detroit, the following memorial was presented by Dr. Pomeroy, and unanimously adopted :

Whereas, It has pleased an inscrutable Providence to remove from this society, and from the profession at large, one of its most valued members, in the person of Dr. Elijah H. Drake, and

Whereas, Both by the nature and suddenness of this occurrence the loss is made doubly calamitous and

Whereas, The subject of these resolutions was favorably known to and generally esteemed by the members of this society, therefore be it

Resolved, That submitting in humbleness and sorrow to this dispensation of a Divine Providence, we hereby express and tender our sincerest sympathy to the bereaved family of the deceased, who have, by this sad event, lost an exceptionally exemplary husband and father ; also

Resolved, That the Secretary of this society is hereby instructed to spread these resolutions upon its records and to transmit a copy of the same to the family of the deceased and to such of the homœopathic medical journals as he may select.

The memorial was adopted.

UNIVERSITY OF MICHIGAN.

At the Ninth Annual Meeting of the Allopathic State Society of Michigan, held at Detroit on June 9th, Dr. Topping, of DeWitt, offered the following, and asked its adoption :

Resolved, That the Michigan State Medical Society entertain now, as ever, the most friendly feelings toward the Medical Department of our State University, and fondly desire that its future prosperity and honorable reputation may excel that which it has achieved in the past. In view of the recent action of the Regents in reference to the introduction of homœopathic professors and students we believe a crisis has now arisen in its history which justifies and perhaps demands from the regular profession of the State a frank expression of opinion. We believe the attempt to associate regular and homœopathic teachers and students in the same institution, to participate in the same lectures, to be a scheme impossible to successfully carry out, and one fraught with disaster, and perhaps dishonor, to those who attempt its execution; an attempt likely to arrest the prosperity and destroy the usefulness of said medical department. Any such attempt to bring about such unnatural, and, to us, repugnant affiliation will meet with our decided disapproval.

On motion of Dr. Southworth, of Monroe, the resolutions and the questions they raise were made the special order for discussion for June 10th at 10.30 o'clock.

On June 10th the special order of business, being the anti-homœopathic resolutions of Dr. Topping, offered on Wednesday, was then taken up, when Dr. Klein moved that the resolutions be laid on the table, and without a word of discussion or a negative vote the matter was so disposed of.

Dr. Pratt moved the appointment of a committee of five on medical legislation. Carried.

The report was adopted, and Dr. Hitchcock then submitted the following resolution :

Resolved, That the Regents of the University are hereby requested by the State Medical Society to make, as soon as practicable, a full three years' graded course of study and lectures obligatory upon all students, and that the requirements for admission into this department be made equal to those for admission into the Scientific Department.

Remarks in favor of the resolution were made by Regent Rynd, Prof. Dunster and Dr. Hitchcock, after which it was adopted without opposition.

STATE MEDICAL CENSORSHIP.

The Committee on Medical Legislation reported that they had been unable to get any bill passed by the Legislature, owing to the opposition of the homœopaths and the inaction of the friends of the proposed bill. They recommended that further endeavors in this direction be made. The report was adopted.

HOMŒOPATHY AND FACULTY OF MICHIGAN UNIVERSITY.*

Organized public bodies, as the representatives of the status and tendencies of human society, exhibit at times a drift in the direction of irregular moral forms of manifestation. If we desire to find an apt illustration of this tendency, we have not far to seek. The position assumed by the medical faculty, it is believed, presents an example of this tendency to aberration in a most striking manner. When, in the full vigor and promise of manhood, they were wedded, in a perfectly regular way, amid manifold rejoicings, to the Medical Department—then the sole legitimate offspring of the regular profession in the State.

After nearly a quarter of a century of mutual fidelity and mutual trust, they are now about to contract a morganatic alliance with homœopathy. This must inevitable disrupt the amicable relationship of reciprocal confidence heretofore existing between the faculty and the regular profession.

What the moral drift and tendency of this easy lapse from virtue of leading men in our profession will be, it needs not the spirit of prophecy to divine. But whether the sense of moral rectitude of the profession will be strong enough to resent this effort to break down the barriers of right and wrong, which have hitherto guarded the purity of professional faith and practice, and prevented the setting up the images of false gods in high places; or whether, feeling absolved from the old contract by the infidelity of one of the contracting parties, they shall determine to form more intimate alliances with institutions that do not exhibit this tendency to aberration, remains to be seen. The practical solution of the question lies not in the remote future.

O. O.

* Detroit Review of Medicine and Pharmacy.

ANN ARBOR, June 3, 1875.

To James B. Angell, LL.D., President of the University of Michigan:

DEAR SIR—After mature deliberation, I respectfully tender to you, as President of the Medical Faculty, my resignation of the office of Dean of the Medical Faculty, to take effect from date, or as early thereafter as my successor can be elected, and in explanation of this action, beg leave to submit the following reasons:

First. In obedience to a sense of obligation due to my profession, I have, conjointly with my colleagues, labored for a quarter of a century to build up and sustain, in purity and good repute, the college of Medicine and Surgery in the Medical Department of the University. In this I have been sustained by the sympathy and coöperation of the regular profession throughout the country.

By a recent act of the honorable Board of Regents a homœopathic branch has been *practically engrafted upon it* (when another and a harmless course might, as I think, have been adopted), by which I believe it is doomed, sooner or later, to disaster, and disgrace in the estimation of the regular profession. This is not a solitary opinion, but shared by many of the leading men of the profession. (*Vide*, a recent letter from the distinguished Prof. S. D. Gross.)

Hence, I find myself quite out of harmony with surrounding conditions and governing influences.

Second. I have been admonished, officially as well as otherwise, that, for the liberty of expressing publicly* views at variance with those of the honorable Board of Regents, yet in vindication only of the purity and prosperity of the old school in the Medical Department, I have exposed myself to their displeasure, and rendered myself obnoxious to their censure. I regret to say that not by any act of mine have I been placed in this position of apparent discord with the authorities, and impelled thus publicly to advocate a measure by which alone complete demoralization of the school could be avoided. The change was not in me, but in the act of the Board.

From my professional baptism forward, for forty years, and in common with all true and loyal men in the profession, I have ever held that fealty to my profession was primary, and paramount to all other considerations; and acceptance of position in the University was mainly as a means of advancement of a cause to which my loyalty and affection were due.

Except upon one former occasion, no cause of disagreement has hitherto existed between the faculty of the Old School and the ruling authorities; but, now that the apple of discord has been thrown into the Medical Department, and the faculty are asked to brave the most pronounced sentiment of hostility of professional brethren, as expressed through their highest organization,† to this most prominent form of modern quackery; and, not only so, but to employ their knowledge and skill as teachers to advance its interests, it becomes me to show that the question where my paramount allegiance is due is not one to be controlled by dollars and cents, but rests upon much higher considerations; and this, with a desire to avoid all appearance of complicity with the newly devised plan for introducing homeopathy into the Medical Department, on the one hand, and all appearance of a conflict of allegiance on the other, is another reason for tendering my resignation.

In short, a sense of professional duty, of self-respect, and that just *esprit du corps* which implies a willingness to make any sacrifice when demanded, compel me to withdraw from any alliance or affiliation tending to defame, demoralize, and, finally, to crush out a hitherto loved and cherished institution.

Mr. President, with many thanks for the kindness and courtesy you have ever shown me in our official and social intercourse, I remain,

With sentiments of great respect,

Very truly yours, etc.,

A. SAGER.

**Vide* correspondence signed "*Veritas*" in the June number of the *Peninsular Journal* of Detroit.

†*American Medical Association.*

THE HOMŒOPATHIC COLLEGE AT ANN ARBOR.—(*American Journal of Homœopathic Materia Medica*).—Our homœopathic friends of Michigan have, at last, obtained recognition of their claims by the regents of the University of Michigan, and they are now to have a department with an appropriation by the State of Michigan of the sum of six thousand dollars to support it. We fear our friends in Michigan have a white elephant on their hands. The allopaths on the board seem to be fully as wise as serpents and by no means as harmless as doves. Finding they can no longer put off the evil day, they accept the situation forced upon them by the legislature. One of the regents, an allopathic doctor, is so kind and patronizing and voluble in his promises, as to extort considerable praise from one writer for his fairness. With great alacrity the regents have passed resolutions to establish the homœopathic department; but instead of a full corps of professors as was evidently intended by the legislature, they propose to appoint only two professors, one of homœopathic practice, and the other, of *materia medica*.

Now see how the serpent proposes to squeeze the victim after having covered him with oily gammon: These two professors are to occupy the

same hours as the corresponding professors in the allopathic department. The student must then listen to the lectures from the allopathic professors on other branches, and when they appear before them, for examination for the degree of doctor of medicine, they will be required to stand an extra severe examination because they have attended homœopathic lectures, and in the branches of allopathic practice and materia medica, they will be utterly ignorant, and thus fail to get the university degree, although they may be able to come away with a certificate from the two homœopathic examiners that they have passed the homœopathic chairs successfully. The allopathic faculty of Ann Arbor are less bitter in their hostility to homœopathy than most physicians of that school, if they do not, *in every case*, when the candidate is known to be a homœopath, find *sufficient* grounds for the refusal of the degree. When this becomes known to students, they will not risk their chances of success by attending homœopathic lectures. This is very much to be regretted, and as friends of our cause in Michigan, we hope our physicians will resist every offer made by the regents to compromise the evident intention of the legislature to give homœopathy a full Homœopathic College in Ann Arbor.

H. N. M.

THE PRESENT POSITION IN MICHIGAN.

Our present relations with the University may be briefly summed up as follows:

First. The Regents have determined to establish a Homœopathic College at Ann Arbor in connection with the Medical Department there, and require the Allopathic faculty to recognize the fact.

Second. The Dean of the allopathic faculty, in view of the situation offered his resignation (see page 385), which was promptly accepted.

Third. Dr. Martin in above article assumes that homœopathic students will be subjected to examination by the allopathic professors of practice and materia medica whose lectures they would not attend. This is a mistake.

Fourth. At a meeting of the officers of the Michigan Homœopathic Society we were unanimously requested to write to two of our colleagues, *Dr. Samuel A. Jones*, and *Dr. Thomas Nichol*, and request permission to offer their names as candidates for the chairs of Materia Medica and Practice. *Dr. Jones* accepted and has been appointed by the Board of Regents. *Dr. Nichol* was obliged to decline, and *Dr. John C. Morgan*, of Philadelphia, received the appointment by the Board at their meeting of the 29th of June.

Fifth. We may consider that we are fully entitled to three professors instead of two, and that the present plan of the Board of Regents is impracticable, but we rejoice at every movement taken towards the full recognition of Homœopathy. Although we might claim much more than we shall receive this year, we believe it best to hold up the hands of those who have been appointed, and to encourage the Board of Regents in every step of progress.

E. A. L.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Thirty-five years ago, on a bright day in the cheery month of June, we took passage for Cleveland, Ohio, in a small schooner, at Port Stanley upon Lake Erie. After waiting for several days for a favorable wind, at last a fair breeze came up, and we set sail for the opposite shore of this inland sea.

In an hour the wind suddenly shifted and the captain said, he would not think of attempting to cross the lake with the wind "dead ahead," he thought he would go down to Port Burwell for a load of lumber; another change in the wind and again our captain changed, heading his vessel up the lake. Before reaching Point Pelee we were struck with a squall; anchored off the point in a great storm for the night. In the morning we set out again, and after a while put in to Put-in-Bay, the shores looking bleak with here and there a solitary settler; on another day we visited a little sand bar called Gull Island, gathered gull's eggs for food, called at the Middle Sister Island for provisions, and secured some hen's eggs which had been kept in lime water; in another day's sail we got to the mouth of Detroit River; in two days more he brought us to the city of Detroit, saying, "Now you can get a steamer to Cleveland without difficulty." We were then much farther from Cleveland than when we started from Port Stanley a week before. We found that a steamer would go out the next morning. We walked up Woodward avenue to the best hotel opposite the Campus Martius. A poor country inn compared with our houses of entertainment now. Where we now reside, in the centre of the city, was then farming land a mile above the centre of population. Where now we have elegant mansions then there were but very poor cottages.

Our last visit to Put-in-Bay brought all these things back very vividly. A sail of four hours brought us to the islands; instead of log huts we found a number of excellent hotels, several hundred physicians discussing important questions: intelligence, beauty and wealth. *Homœopathy regnant.*

Our voyage of 1840 in June, and that of 1875 in the same month have no greater contrasts than the Practice of Medicine in the same years! Old School Allopathy and crude Eclecticism with emetics, cathartics, counter-irritants, and other various indirections and un-

certainities, intending one thing and reaching another, not a whit better than our pointing at first down the lake, and then up the stream, instead of across the water.

But we have reason to rejoice that we made that first trip to Cleveland and thence to Cincinnati, where, after the usual drilling of the Medical schools, allopathic and eclectic, we became acquainted with the certainty of the law of *Similia* and heartily accepted it in the place of the empiricism of *Contraria*.

The meeting at Put-in-Bay marked our progress in Medical science; papers of decided merit, able discussions, brilliant speeches and gentlemanly social intercourse evinced the present *status* of Homœopathy—learned, decided and advancing. Its colors flying, and never to be trailed in the dust.

CENTENNIAL YEAR. The Philadelphians are making great preparations for the hundredth anniversary of American Independence. The main exhibition building will be 1880 feet long, 464 feet wide, and 70 feet high. The Art Gallery 365 feet long, 210 feet wide and 59 feet high. Physicians from all lands will be there. Homœopathy must be presented as it is, and the *American Institute* meeting should be much more largely attended than usual. Philadelphia boasts the oldest homœopathic college in the world, and she has always had some of our most able advocates. Let us have a Worlds Homœopathic Convention that will do honor to our cause: that will find work for every worker in our ranks, and publish a volume of transactions of positive merit.

E. A. L.

THE AMERICAN INSTITUTE MEETING.—(*American Journal of Homœopathic Materia Medica*).—The yearly meeting of our physicians, to which we all look forward with pleasure, is a thing of the past. In many respects it was a success, and only a failure in one important particular. The tendency of all such meetings is to lapse into business organizations. Several important changes were made in the rules of the organization with the intent to promote discussion of important subjects, and thus add to the interest of the meetings. Hereafter the chairmen of the bureaux are to be elected by the Institute, and the chairmen are to appoint the members of their bureaux. This is a very important and necessary change.

The officers elected were Dr. Carroll Dunham for President; Dr. E. C. Franklin, Vice-President; Dr. R. J. McClatchey, General Secretary; Dr. T. C. Duncan, Provisional Secretary, and Dr. E. M. Kellogg, Treasurer. The next meeting will be held in Philadelphia.

ENURESIS NOCTURNA.

Editor of the Observer: In my clinical report of the treatment of Enuresis Nocturna in the May number of the Observer, in which I prescribed Squilla, Causticum and sitz baths, you ask "what were the special indications for squilla? What for causticum? Why were both given? Why the sitz baths? And will he tell us which cured? Has he tested Nitrate Uranium in this disease?" In answer I would say, the special indications in this case for squilla was frequent urging to urinate with profuse discharge of pale limpid urine. Continuous painful pressure on the bladder, and inability to retain the urine. The indications for Causticum were involuntary emissions of urine when asleep. Burning in the urethra when urinating, and itching in the orifice of urethra. The cold sitz bath was given for the purpose of stimulating the debilitated bladder.

I am not able to say which remedy cured the case, but my impression is, that squilla is especially indicated in this disease, as I have cured a similar case with this remedy alone, a boy, age 14. Dr. Stilson, of Keokuk, Iowa, has used this remedy alone with good success in this disease. I have never tested Nitrate Uranium.

W. O. BLAISDELL.

RATTLE SNAKE POISON.—I also have noticed the articles in American Observer on "Rattle Snake Poison," and as it seems to be the rule, wish to give my remedy for it. In this section we have a great many "rattle snakes," and as a natural consequence we have to prescribe for "bites," frequently. My invariable prescription is

R. Salt petre oz. viij.

Hot water about one quart. M.

Apply as hot as can be borne to the wound and swelling, give internally about one ounce of the mixture every hour. I have yet to see the case that will not yield to this treatment, and as it is so common every one can have it handy and test it quickly. But as to how or why it does so I cannot tell, but that it does its work well and quickly I know.

DR. F. E. COFFEE.

Avaton, Mo.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, cor. Third avenue and Twenty-third street.—Report for the month ending May 31st, 1875:

Number of prescriptions	2468
Number of new patients	319
Number of patients resident in the hospital	28
Average daily attendance	95
Largest daily attendance	143

ALFRED WANSTALL, M. D., *Resident Surgeon.*

A MODEL APOLOGY.—"Dr. E. A. Lodge, Dear Sir:—In clearing up my desk, I have this moment come across your gentlemanly reminder of my indebtedness to you. It is too bad, and not my usual way of doing business, that I should be so much in your debt. However "*Charity suffered long, and is kind.*"

Herein please find postal money order for the amount due, and acknowledge by receipt. Yours with best wishes. * * * * *

We may here remind some of our readers that JULY is a good time for collections and making payments. *Do not forget the Observer.*

COMPLETE SETS OF AMERICAN OBSERVER. *New Series*, vol. I (1874), the twelve numbers complete to any address for two dollars.

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As the back volumes of the Observer will not be reprinted, the present opportunity should be embraced by all who desire to complete their sets of our Journal. Present price, postage prepaid, is only about one-half publication rate. As the volumes go out of print such volumes will be difficult to procure at three times present price. The first 10 volumes contain 5336 octavo pages. The same amount of valuable medical information cannot be procured elsewhere at any such rate.

DISCONTINUANCES. One subscriber asks to have the Observer discontinued in the middle of the year, and *when convenient* he will pay for last year, and the half of this. We have repeatedly published that all our subscriptions are for *whole years*, and the rule is in case of discontinuance all arrearages must be paid. The numbers of this year are not worth much compared with what they will be worth with the remaining six of the year, and a full index. Although we have never resorted to the Courts to collect our dues during twenty-six years of Medical practice, or 11½ years of our publication, yet it may be well for the information of some to reprint the following decisions relating to periodicals:

1. Any person who takes a paper regularly from the post-office—whether directed to his name or another's, or whether he has subscribed or not—is responsible for the payment.

2. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, whether the paper is taken from the office or not.

3. The courts have decided that refusing to take newspapers and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

We think it necessary to print the above decisions of the courts because we have instances where subscribers remove without notice, and numbers are taken out by others, and both refuse to pay. Others who pay for one year, receive it for several years afterwards, and say they only subscribed for one year, and if we pleased to send it afterwards it was our own loss. Others have been offended when we dropped their names because delinquent, saying we might have trusted them a year longer.

Nearly twelve years experience has shown that the best and fairest method is to send the Journal to all our subscribers until they order it to be *discontinued*. When we send it thus in *good faith*, and make it fully worth its price, we think it right to ask to be paid for it.

Personal Notices, Etc.

BOYNTON.—Dr. F. H. Boynton is now an assistant surgeon of the New Ophthalmic Hospital.

DAKE.—We are much grieved to learn that Dr. J. P. Dake, of Nashville, Tenn., had a severe stroke of paralysis on May 26th. We now learn that he is recovering, and will sail on June 26th, to spend the summer in Europe.

His son Dr. W. C. Dake will attend to his practice during his absence, and we trust he will return full restored to his wonted vigor and usefulness,

LILLIE.—We take particular pleasure in announcing a valuable accession to our Editorial corps. *James Lillie, M. D.*, of Kansas City, Mo., accepts charge of the PHYSIOLOGICAL Department, and we have in type a valuable contribution from him for our next number.

SEARLE.—Dr. W. S. Searle announces to the homœopathic profession that as his health compels his retirement from city practice during the summer, he has arranged to spend the months of July and August in each year at Saratoga Springs; he will be at the United States Hotel during the coming season.

SCHLEY.—Dr. J. M. Schley has been appointed assistant surgeon, New York Ophthalmic Hospital.

WANSTALL.—Dr. Alfred Wanstall has been appointed resident surgeon of the New York Ophthalmic Hospital.

KANSAS.—We receive several letters like the following:

Kansas, April 16th, 1875.

Edwin A. Lodge, M. D. Dear Sir:—The times are so hard here caused by drouth and grasshoppers that it is impossible for me to collect more than enough to live on, consequently will have to ask you to be lenient with me, I have enough to do, and some five or six thousand standing out. But we are all in the same boat here, I don't know what to say to you unless it is for you to stop sending me the journal, much as I like to read it. I know you are not able to send it without some money, and it will be utterly impossible for me to raise you any before fall. If we have good crops this year, farmers will be able to pay something then. Do as you think best in matter, I will not think hard if you deprive me of the journal, will try to pay you some day, think these hard times will not always last.

Fraternally yours,

We shall take much pleasure in sending the journal regularly to the above and others similarly situated, and will wait for our pay until their own collections are better.

FRIENDLY.—We are much gratified to receive the following from a fellow-student and colleague of 26 years ago:

May 20th, 1875.

Dear Doctor:—I do not think well of those symptoms of yours reported in the April number, page 234. Doctors are apt to think they can with impunity neglect symptoms which they would charge patients *not to trifle with*. I think you need rest and tar water, and if you could run off for a couple of weeks, we would be glad to see you. The latch-string or its equivalent would be out. Take a little recreation and get a draught of the *agua de vitæ here*. I don't like to ride hobbies, but if you were here I would tell you tales that would enthuse you. *One quarter of a century* since we were as work on Ninth street, Cincinnati. How short! How long! How many changes.

Yours fraternally, Jas. G. Hunt.

Cloverdale, Ky.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

RECENT INSTRUMENTS.

POTAIN'S ASPIRATOR.

Fig. 1.



This instrument I have frequently used and it operates satisfactorily. This French instrument of Potain is the best pattern out, but works differently from that of Dieulafoy. In the latter the pus or evacuated fluid is drawn into the cylinder of the syringe. In this one there is a special receiver into which the morbid fluid runs, and the syringe is kept free from any clogging.

By means of a syringe and a tube connecting with a bottle the air is exhausted from the latter—the stop-cock to the tube that extends to the trocar and canula being closed. As soon as the air is exhausted from the receiver the other stop-cock for the tube leading to the syringe is closed, and it is ready for use as soon as the trocar is placed in the canula and

the canula attached to the sub-piece, which is to be fastened to the tube leading to the vacuum bottle.

There are three sizes of canulæ and trocars, and plungers for clearing the trocar when obstructed. There is also an exploring needle accompanying it.

In using the aspirator, after all the attachments are made, first exhaust the air from the receiving-bottle, and then after turning the stop-cock to the syringe, plunge in your trocar and canula to the part to be operated upon, then withdraw the trocar as far as the line marked on it, which indicates that its point is past the canula stop-cock; then turn this stop-cock across, then turn open the stop-cock at the receiver that is next to the canula, and the vacuum in the bottle draws the fluid from the morbid part through the canula and tube (which also has a small piece of glass tubing in its course near the canula for observing the fluid,) into the bottle.

If the bottle fills, turn the canula stop-cock, empty the bottle, and re-exhaust and proceed as before by closing this cock and opening the other.

THE PNEUMATIC ASPIRATOR.

For the purpose of evacuating pent-up pus and other fluids existing abnormally in the deeper parts of the body an instrument has been brought out acting upon the principle of suction through the syringe when the piston is drawn out.—The tubes through which the fluid is drawn being made of small calibre and like the hyperdermic syringe only they are much longer and stronger.

From "Braithwaite's Retrospect," July, 1873, we take the following description of the English form of Aspirator; the American form as made by Snowden & Bro., Philadelphia, has a double acting stop, so that one stop answers the purpose of the two in the English instrument:—

"The instrument was invented by Dr. George Dieulafoy. Having repeatedly observed how unimportant a lesion is produced by the insertion of the fine nozzle of the hyperdermic syringe, and also the impunity attending the introduction of acupuncture needles, even deeply into the substance of important and highly organized structures, he conceived the

idea of creating a vacuum in connection with a fine tubular needle, so as to exercise a powerful suction upon any fluid into which the needle should be introduced.

This principle he embodied in his instrument, the Pneumatic Aspirator.

As is the case with all inventions many improvements have been made upon the original instrument. The one which I now describe is the latest issued by Messrs Weiss & Son, of The Strand, London, (Eng.); and in my judgment it possesses decided advantages over all others which I have seen.

It consists of a brass syringe, capable of holding five ounces of fluid, fitted with an air-tight screw-piston, and having its nozzle guarded by a tap. Attached to the nozzle at the bottom of the syringe is a short tube of glass which enables the surgeon to ascertain the quality of the fluid as it passes into the body of the instrument.

To one side of the instrument in its whole length, is applied a fine hollow glass tube, which communicates at its lower extremity with the interior of the syringe, and is shut off from the external atmosphere at its upper end, by the means of a tap. The glass tube is marked at regular intervals in half ounces, for the purpose of demonstrating the quantity of fluid contained in the syringe at any given time—and forms besides, a means of exit, whereby the syringe can be emptied of its contents, when during an operation it is desirable not to disengage the nozzle.

Several tubular needles and trocars, some of which are of extremely fine calibre, made accurately to fit the nozzle of the syringe, either directly or through the medium of an elastic tube, complete the instrument.

In describing how to work the aspirator, I cannot do better than to make use of Dr. Dieulafoy's own words, altered only so as to apply to the improved instrument. He says:—'In order to produce a vacuum within the pump, it is necessary first, to close the two taps, and then screw up the piston. The vacuum is then obtained as a preliminary measure, and the operator is in possession of a powerful aspirator ready to be used when the proper time arrives.'

Let it be supposed we wish to examine an effusion into the cavity of the pleura. The tubular needle No. 1 or No. 2 must first be introduced into an intercostal space, and when it has penetrated the tissues for about the third of an inch, it must be connected with the pump in which the vacuum has been established either directly, or through the medium of a caoutchouc tube.

This done, and to this point we desire to call special attention—the tap must be open between the needle and the vacuum, and the needle pushed gently forward. We may thus slowly traverse the tissues, so to speak, with the vacuum in hand, until we discover the effusion.

The eye of the operator should be directed to the short glass tube between the needle and the pump; and at the moment when the needle enters the liquid, the latter rushes forcibly into the instrument. The diagnosis is at once complete, the manœuvre is absolutely harmless, and the desired object is attained."

Such is the simple mode of employing the aspirator which I have myself usually adopted; and the directions here given apply in all cases, medical and surgical, in which its use is indicated, equally with the example selected by Dr. Dieulafoy, for his description.

As a precaution against the introduction of septic materials, I always take care that the needle or trocar has been dipped in carbolized oil.

Snowden's aspirator, however, has a vulcanite syringe while the Weiss instrument has a glass syringe with graduated scale on the piston rod to mark the quantity of fluid removed.

HINTON'S EAR FORCEPS.

Fig. 2.

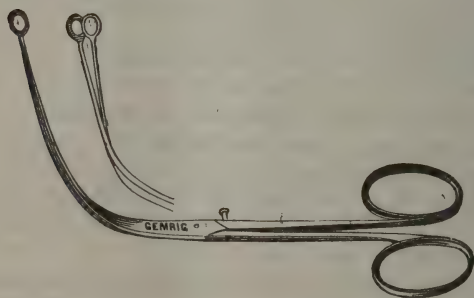


Fig. 2. I here exhibit one of the more recent forms of forceps for extracting growths and foreign bodies from the ear; the shape of the instrument explains its use and advantages. After being introduced into the canal, a little pressure on the handles will expand the grasping blades of the instrument,

which being enlarged at their ends into a somewhat oval shape and hollowed, do the more readily grasp the substance to be removed. The abrupt curve in the instrument is for the purpose of allowing the hand of the operator to be kept out of the way of the light that he requires to enter the meatus in which he is operating.

ELLENGER'S UTERINE DILATOR.

Fig. 3.

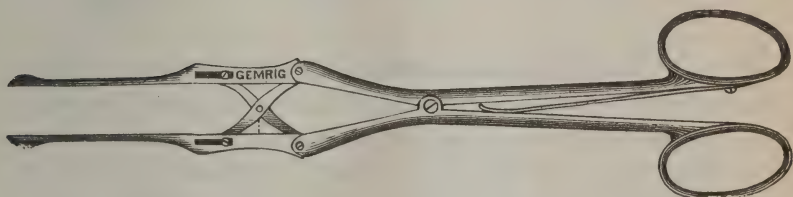


Fig. 3—represents Ellenger's Uterine Dilator. The modification consists in the equal lateral dilatation which it produces. The blades after introduction open widely, and instead of the usual triangular dilatation of the older dilators, they by an ingenious arrangement of joints dilate parallel to each other with the above named result.

HEYWOOD SMITH'S UTERINE SCISSORS.

Fig. 4.

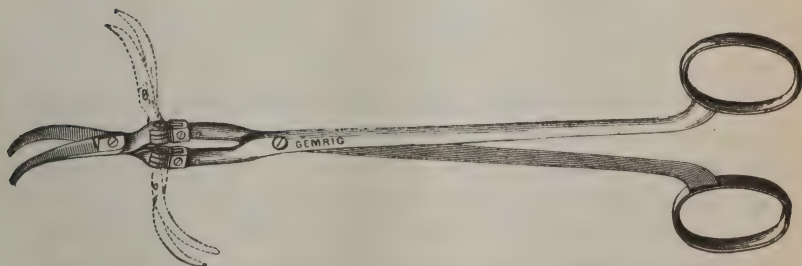


Fig. 4—shows a modern instrument for reaching the uterus, and it is so arranged that it can cut at almost any desired angle. The annexed view of the scissors will aptly illustrate their shape and mode of use.

HODGE'S OVARIAN TROCAR.

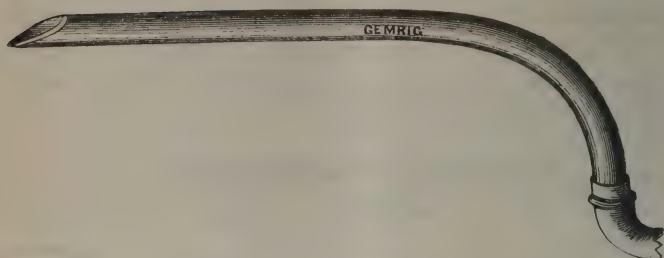
Fig. 5.

Fig. 5. This cut exhibit Hodge's Ovarian Trocar. The improvement in and advantage of this instrument over the old fashioned trocar is—that it is slanting at the end, running to a sharp point, and may be used as a trocar and canula together.

SMITH'S HARE-LIP FORCEPS.

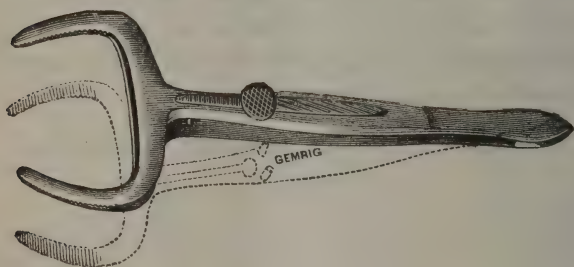
Fig. 6.

Fig. 6. I here exhibit this useful instrument in hare-lip operations. One of the more recent modifications and is an English improvement. The instrument is represented open, and the serrated appearance of the inside of the grasping portions is well shown in the under blade. It is one that gives great satisfaction to the surgeon in these cases, he being well able to hold the lip firmly and securely with it.

LEVIS' HERNIA DIRECTOR.

Fig. 7.

Fig. 7. This little instrument is a decided improvement over the old form of director, the notches in the expanded portions of the director serve well to hold it in place without fear of slipping, while the dissection of the parts are being made.

DOBELL'S FISTULA FORCEPS.

Fig. 8.

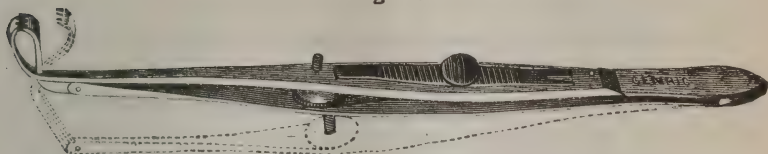


Fig. 8. In this cut is exhibited a rather novel form of forceps in cases of fistula. The dotted lines show the expansion and sweep of the instrument when open.

NEW MODE OF DRESSING WOUNDS.

There is no doubt but that difference in climatic influence and residence in malarial or non-sanitary localities, and also during the prevalence of contagious or epidemic disease, the treatment of wounds has often to be varied by the surgeon in order to attain the best healing results under unfavorable circumstances, therefore it is that so many modes of dressing wounds come up as more successful than the older methods. Summer dressings differ oftentimes from those of winter.

It is well to know all these as they come out, so as to have a fund of information for the management of wounds when they are found to be difficult to heal, for what may be balm for one is not always a healing dressing for another. We extract from "Braithwaite's Retrospect" the following new French mode:—

"A new method of dressing wounds, at present attaining great popularity amongst the French surgeons, is that which is known as the 'pausement onate' of M. Alphonso Geurin, of the Hotel Dieu. It consists in the use of large quantities of cotton wadding, somewhat after the manner of treating extensive burns by the same material.

About two years ago, towards the close of the war, and

during the days of the Commune, M. Guerin just put this in practice in the Hospital St. Louis.

The properties which cotton wadding possess of filtering the atmosphere, the regular elastic compression and uniform temperature which its application induces, were qualities which which he thought might be turned to good account in the treatment of wounds and other surgical diseases.

An attendance of nearly six months in the hospitals of Paris during the course of the winter, has enabled me to write with some authority on this subject, which well merits the attention of the profession in this country. The method is peculiarly applicable to cases of amputation, and in order to describe the manner of using it, I will suppose a case of circular amputation at the thigh.

Bleeding being carefully stopped, the ligatures are cut short except that of the main artery which is allowed to remain of the usual length. The wound is then washed with a solution of Camphor and Alcohol, of Carbolic acid, or other disinfectant.

The stump being now elevated and the loose integuments slightly stretched outwards by an assistant, portions of cotton wadding are inserted so as to completely fill, without distending the cavity thus formed.

Several layers of the same material are then applied over the stump, and carried in the form of broad rollers round the limb as high as the groin or pelvis.

The volume of the whole ought to be at least three times that of the thigh, or about the circumference of the patient's waist. A number of bandages are then carefully applied; the constriction being at first moderate, but gradually increasing until it is as powerful as the hands of the surgeon can make it. The limb is now placed in a horizontal position, supported by a pillow, and allowed to remain so twenty or thirty days."

Contributions for this Department should be sent to the Editor direct, BUSHROD W. JAMES, M. D., corner of 18th and Green streets, Philadelphia.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY, EDITOR.

OUR MATERIA MEDICA.

WHAT SUBSTANCES SHALL WE PROVE?

BY F. H. ORME, M. D., ATLANTA, GA.

Our pharmacies now advertise about one thousand remedies—a considerable improvement, certainly, upon the number contained in the *Materia Medica* of Hahnemann—and about as many as are contained in an average “old school” *Materia Medica*. These too, are to be found in many different states of preparation. Would it not be well to stop and reprove one-tenth, or less, of the best of these, instead of continually seeking new and untried substances to prove?

An examination of the *materia medica* of any school, reveals a diversity of opinion as to the value of particular remedies—and a difference in reported results of treatment with them—which is exceedingly perplexing to the student. Many circumstances account in part for these differences, but the one I propose to refer to now, will doubtless be admitted by all, viz: the difference in the quality and strength of the various specimens of the article of the same name used. The difficulty is one which we can scarcely hope to overcome entirely, but in the name of progress, let homœopathists, who claim accuracy and refinement in their preparations generally, do all in their power to lessen it.

As many enterprising and devoted homœopathists are engaged in proving and re-proving medicinal substances, let them select such as are of definite strength and quality, instead of those which are so frequently variable. Witness the different accounts of the virtues of any of the most popular remedies, and who can question that different qualities of the same articles must have been used?

It is well known that it is *impossible* to obtain two articles of a vegetable tincture or powder of *precisely* the same strength, for two plants of the same kind grown on different sides of, or at different altitudes of the same hill, even a few feet apart, differ in strength and virtue. And if this difference is important in the primary state, how incalculably is it multiplied as we advance up the scale of dilution?

Why then should not the *active* principles, the *alkaloids*, the *salts*, etc., be given the preference in the provings? It may be urged that these do not contain *all* the virtues of the plant—and few will dispute this; but they *do* contain definite qualities and quantities, and these can be better learned and more safely relied upon.

Sulphate of Morphia, Sulphate of Quinia, and Santonine may not *fully* represent the concrete juice of the Papaver Somniferum, the bark of the Cinchona, or the Santonica semen, (our Cina.) but they are definite substances—always to be obtained of the same quality—more easily understood and more reliable—and I have not learned that those who have used these instead of the originals, or who have used Leptandrin and Podophyllin for Leptandra Virginica, and Podophyllum peltatum, have been dissatisfied with their experience. The loss in the one case would be vastly more than compensated for by the gain in the other.

Instead of seeking new substances to prove, let us obtain more accurate knowledge of those which we have already devoted so much time to gain a partial knowledge of—and let us get those in the most definite shape possible. In this way we will be concentrating our force—in the other dividing it without limit.

Our Materia Medica is now abundant—thanks to our many zealous and indefatigable provers—and contains medicines which affect every part of the system, and which, if well understood, would furnish us with a remedy for every remediable case. What it now wants is refining—a proper classification and reduction to a more practicable form, so that it can be studied more readily and applied to greater advantage.—

A few years of well-directed attention in this way would result in a great improvement.

Why prove a substance gathered perhaps, under peculiar circumstances, and publish the result, when the next person using it will obtain a different result, from an unavoidable difference in the substance used? Does any one question, that if all the labor and time which have been expended upon our *Materia Medica*, had been devoted to ascertaining the qualities of *definite chemical preparations*, that it would have been greatly to the advantage of the profession?

We have valuable agents in the vegetable and mineral salts and compounds—of almost invariable quality if prepared at reliable laboratories, and with others which we can obtain with the assistance of chemistry (which has done so much for our art) from well-known substances, we can have a reliable, practicable *Materia Medica* without retaining more than a few of the better known and most valuable tinctures or powders.

It may be thought advisable at some day, to commence a re-proving of many of the older remedies by Provers' Societies, etc. If so, let us have the provings of the substances in their most *invariable* forms—especially of those which are known to be comparatively changeable in their original state.

In the course of twenty-one years the writer has received medicines from a number of American Pharmacies, and others direct from Europe, and has been struck by the fact that the tinctures scarcely ever resembled in appearance. What proof have any of us that Aconite 30th, or any other dilution of a vegetable substance of our own preparation does not differ to an incalculable extent from that used by Hahnemann, or any other prover? Indeed the dilution made to-day will be different from that made a few months hence from the same vial of tincture, if preserved with ordinary care, for *some* evaporation and alteration *is* taking place all the while.

Now, *absolute* invariability is perhaps not attainable, but let us approach as nearly to it as possible. In selecting an article for proving, see to it that it is one which can always be obtained

in the same shape as used by you—that it is something which a reliable pharmacist can conscientiously assure his patrons is the precise article, of the exact strength called for. As regards any German tincture, for instance, he can only assure you that it is imported, and as to any indigenous substance, he can only say it is the best that could be obtained, and prepared according to rule. Will the 30th dilu. of any of these be alike, as found in the cases of any two practitioners, unless by chance purchased from the same pharmacy?

Let the substance selected also be one about which *something* is already known; thus we will be building upon foundations already laid, instead of continually creating new bases upon which no structures of any consequence will ever be raised. We will thus be rendering our present knowledge more available, instead of accumulating an immense amount of information of no real utility. It is utterly *impossible* for any human mind to have even a moderate knowledge of the effects of all the articles of our Materia Medica.

If substances are met which seem to produce some entirely new conditions, so as to indicate that they may be useful in diseases for which we have no good remedy, let them be proved; but when they only present symptoms which are common to our well known remedies, do not thrust them into our already long lists. We have many substances, for instance, which seem to have the same sphere of action as *Beladonna*, but which are inferior to the latter. We need no more of this sort; and so with others.

We have now among our remedies many which have only an evanescent and unimportant toxigenetic effect. They produce, perhaps, a little general excitement and temporary disturbance of function, but have no effect peculiar or specific, and consequently no special relation to any disease. Let these be discarded, and the preference given to those which have a *profound* effect. In these we shall nearly always find important remedial agents.

A practice among provers, from Hahnemann down, which has resulted in a useless incumbrance of our Materia Medica,

has been that of including among *symptoms*, local effects, from the stimulating, caustic or irritating character of the substance proved—what might be called mechanical or chemical effects. It may be interesting to know these—but they can scarcely be properly called symptoms. Any caustic substance will burn the throat and perhaps œsophagus and stomach, and many crude substances, from their mere crudity or disgusting odor, will produce vomiting, and a certain class of symptoms which commonly attend this effort—but it will scarcely be claimed that they are therefore homœopathic to any of these conditions. Let these mechanical or chemical effects be either omitted, or recorded separately. They tell us of certain properties the articles have but do not point to any curative efficiency.

These remarks are by no means intended as disparaging to those who have heretofore labored for the enrichment of our *Materia Medica*, for these labors are highly appreciated—but are intended merely as suggestive *for the future*.

DAMIANA.—In the *Virginia Medical Monthly* for May, Dr. J. J. Caldwell, of Baltimore, describes a new medicinal agent. It is a plant which grows on the western borders of Mexico. The writer is unable to give its technical name and its classification; this much, however, is known about it.

The plant does not flourish in the mountains, nor yet very far from the sea. Amidst the gorgeous vegetation of Mexico, the dark green leaves, the small white blossoms of the Damiana and the fragrance of the gum which exudes from the stem, attract the attention of the traveller. After the annual rains, when vegetation bursts into life, this plant is readily found. In July, when it ought to be reaped, it is most easily gathered. It appears that it is used as an aphrodisiac, and one case is given of an old man, Anclos, who took his Damiana tea until he was more than a century old. There are a great many such in this country. I do not mean to say or to intimate that Damiana does it all, but only this fact, that very many of these old stagers do sire children, as old Anclos did, up to the last—some of them having two or three dozen legitimate, without counting outsiders. The root possesses the same properties as the leaf.

There are two classes of Damiana. The best bears a white blossom, and has a small leaf; the other has a yellow blossom and a large leaf, and is found in much larger quantities, but is inferior in every way. Cases are given illustrating its efficacy; one, a man of seventy, was, by its use, restored from the impotence of senectude to the virile powers of earlier life. Sexual anorexia from ill health and mental trouble is equally relieved by the remedy. Impotence of alcoholic origin, or from disease of the genito-urinary organs also yield to it. The tincture and the fluid extract are the best forms.

Dr. Caldwell concludes as follows:—‘This remedy seems to have a specific effect upon all the organs of the pelvis, giving increased tone and activity to all of the secretions in that vicinity.’

We reprint the above merely as an item of medical news. The report needs confirmation. A pharmacist of Washington is already lauding the Damiana in Cundurangu style.

A CLINICAL NOTE ON THE INFLUENCE OF COLLINSONIA CANADENSIS ON THE ELIMINATION OF PHOSPHORIC ACID.

BY SAMUEL A. JONES, M. D., NEW YORK.

The writer recently had occasion to advise the use of this remedy in the shape of a trituration of the root, and of a potency as low as the one-fifth.

The special instance was a case wherein the invalidism extended over a period of seven or eight years; and the question propounded by the attending physician was: Are certain symptoms merely reflex phenomena, or do they depend upon organic change in the spinal cord?

It thus became necessary to determine the amount of Phosphoric acid eliminated *per diem*, and it was from these analyses that we learned the influence of this remedy over the renal elimination of PO_5 .

Any reader of Gooch's classical paper on "irritable uterus," would readily recognize this case as an instance thereof. The uterine hyperplasia, the hyperæsthesia, and the aggravation from assuming the upright position, together with other symptoms, to which it is not necessary to refer, as we are not making a clinical report, indicated congestion of the pelvic viscera; and with such practitioners as myself, Collinsonia comes at once under consideration for such a status. It has been called a "trump card in congestions of the pelvic viscera"; it has done good work in dysmenorrhœa; it has proven serviceable in pneumorrhagia. These evidences that it is a vaso-motor irritant, and the fact that a vaso-motor paresis occasioned the pelvic congestion in the case, led to the conclusion that, *in a sufficient dose*, Collinsonia would do the work required, namely: quiet the uterine irritation, so that in its absence we could observe how many of the spinal (?) symptoms remained. All good doctor-work is not necessarily "cure-work." The action of a drug can frequently aid in establishing a diagnosis; and, more than all, a physician should be the master not the servant of the remedy. That is, all the capabilities of a drug are not in the high potency, and the truest physician is he who can get all its work out of every remedy.

The following table gives the results of the analysis: the volumetric method with the uranium nitrate being the one employed.

THE RATE OF THE ELIMINATION OF PHOSPHORIC ACID WHILE TAKING
COLLINSONIA CANADENSIS.

	Quantity.	Sp. Gr.	Reaction.	Phosphoric Acid.
June 7.....	1210 C. C.	1016.90	Faintly Acid.	4.668 grammes.
June 8.....	1025 C. C.	1015.70	Neutral.	4.612 grammes.
June 9.....	830 C. C.	1019.60	Faintly Acid.	4.150 grammes.
June 10.....	890 C. C.	1015.75	Faintly Acid.	1.958 grammes.
June 11.....	930 C. C.	1015.60	Neutral.	1.240 grammes.
June 12.....	630 C. C.	1025.80	Faintly Acid.	1.190 grammes.
June 14.....	1095 C. C.	1013.80	Acid.	1.888 grammes.
June 15.....	1199 C. C.	1012.90	Neutral.	2.398 grammes.
June 16.....	915 C. C.	1011.10	Acid.	1.692 grammes.
June 17.....	680 C. C.	1018.65	Neutral.	1.870 grammes.
Mean.....	940.4 C. C.	1016.88	Acid, 60.13 pr. ct. Neutral, 39.81 pr. ct.	2.569 grammes.

The variation in the quantity of PO_5 —from 4.668 to 1.190 grammes—transcends any recorded physiological fluctuation, and must be ascribed to the influence of the drug.

The mean quantities obtained from these data are deceptive if one accepts them without a careful consideration of the table, as they tend to hide the true power of the drug. Observe, then, that for seven out of ten days the quantity of PO_5 fell below the physiological average. If we had twenty analyses instead of ten, it is evident that the mean quantity of PO_5 would have been lower than 2.569 grammes, because the *plus* (the disease *plus*) of the first three days would be divided among seventeen instead of seven days.

Vogel gives the average for an adult male as 3.5 grammes of PO_5 in twenty-four hours. Winter found that the average quantity of PO_5 passed per hour was 0.27 for every 100 kilogrammes of weight. As woman's weight, as a rule, is to man's as 2 is to 3, 2.5 grammes of PO_5 would be a fair average for our patient. As this quantity was never reached *after the drug had really got at its work*,

we accept the conclusion that in its action *Collinsonia Canadensis* decreases the elimination of PO_5 by the kidneys.

To determine the real value of this drug in cases where there is an excessive drain of phosphates from the organism, it will be necessary for provers to determine the quantity of PO_5 in the fæces as well as in the urine—which may be readily done by digesting the dejecta with dilute nitric acid, etc. When this is done it will be easy for one to supply the mental symptoms peculiar to *Collinsonia*—a feature at present wanting.

This remedy is said to be a *diuretic*, but in our patient we find the urine decreased from a quantity of 40 to 20 oz.* *per diem*. For four days it varies from 40 to 33 oz., and for six days from 30 to 20. This experiment, however, does not tell positively against *Collinsonia* as a diuretic; and reasoning *a priori* we should say that any drug which can markedly affect the vaso-motor system *continuously* has the so-called diuretic properties.

The reactions in this case are full of significance, as the remedy seems to produce an acid urine. The grounds for the conclusion are too lengthy to state here, but we should be strongly disposed to rely upon *Collinsonia* to prevent the increase of a phosphatic calculus. Those who have been harrassed in the treatment of the “phosphatic diathesis”—disputed as a pathological entity, evident enough as an objective and subjective bugbear—will know how to appreciate the promise of usefulness held out by *Collinsonia*.

In concluding this rough paper we can but ask our American provers to consider what a wealth of pathogenetic capability is now locked up in our indigenous remedies, and we earnestly beseech all the younger provers to include in their day-books the data which may be so readily obtained by analyses of the urine—that tell-tale excretion *par excellence*.

If the homœopathic physicians of America would only found and sustain a Physiological Laboratory, we should soon handle our remedies with a firmer grasp. Prof. T. F. Allen said in the “*dear, departed*” *N. Y. Jour. of Hom.*, nearly a year ago, that “conception had taken place”—another sad instance of protracted gestation or of “missed labor.” Meanwhile we are waiting to read the results of the urinary analyses in the reproving of *Sepia* by the AMERICAN INSTITUTE OF HOMŒOPATHY.

* All these numbers are only approximations obtained by estimating 100 CC. as 31½ oz.

PROVINGS OF CANNABIS INDICA.

“Some years since attention was drawn to a substance of which great use is made in the East, called *Haschish*. This composition, which is a distillation of the pistils of the hemp, and on which M. Aubert Roche published an interesting paper, appears, according to the researches of Messrs. Lenglés, Michand and DeLacy, to have played a very important part in the Middle Ages. In fact, it is almost certain that the Old Man of the Mountain made use of this preparation to plunge his sèides into a sea of delights.

“Observations, made of cases both in Egypt and in France support this opinion. In 1840 I attended, in conjunction with several other physicians, a case, the results of which were referred to the *Gazette Medicale*. We had no doubt that haschish formed the chief element of the liquid given to the experimenters, even if it was not haschish alone, without any admixture. I will subjoin my notice of the meeting.

“About two years since, I published in a number of the *Journal des Debats*, some details on the composition of haschish, a drug of general use in the East, and which had produced such remarkable effects on three young merchants of Marseilles. The case which excited much curiosity at the time, was, like many others forgotten, when I received from M. A. de G. an invitation to be present at some experiments produced by the taking of a substance, which occasioned, it was said, similar phenomena to those which had been noticed in the adepts of the Old Man of the Mountain.

“On my arrival, the meeting consisted of about thirty persons, amongst whom I will name Messrs. Esquirol, Ferrus, Cottureau, Bussy, Professor of the School of Pharmacy, General Reymond and M. Destoubet. The remainder of the

party were literary men, savants and artists ; consequently we had assembled every element for close observations, and there was every certainty that the experiment would be strictly carried out.

At 11 o'clock, three persons had taken the liquid, namely—Messrs. A. K., a celebrated novelist, of a very powerful organization, D. an advocate, one of the best scholars of the University, and B. a painter and musician. On the expiration of two hours, no sensible effect being produced, another dose was administered. The following are the phenomena which occurred in two of the gentlemen in the course of another half-hour:—

Mr. A. K. resisted the action of the substance, and, as he said, experienced a slight oppression of the head and epigastrium ; perhaps, also, the second repast which he took, all these gentleman having already breakfasted, may have entirely neutralized the substance. An examination of the state of the pulse was neglected at the beginning of the experiment ; its acceleration subsequently, and the state of the pupil, sufficiently demonstrated the effect of the substance.

“ Mr. B. on whom the medicine first took effect, experienced a dryness of the throat and twitching of the limbs ; the pulse was 96 in the minute, the face flushed. Mr. B. soon closed his eyes in order to collect himself ; his ideas appeared to develop with extreme rapidity. At one moment he offered the singular phenomena of *a double man*, already described in other experiments ; he said he heard music on one side and conversation on the other ; but this symptom did not continue. The music which was performed by M. C. did not appear to act in any particular manner on the subject of experiment. At this time the pupils were much dilated. Interrogated as to his sensations, M. B. said they were very voluptuous. He felt particularly gay and happy ; he wished to be alone in a quiet place ; he had great repugnance to speak or to move ; all countenances appear to him ridiculous.

“ Until now M. B. had conversed ; he moved about, and sometimes laughed violently, but all of his actions resembled

those of a person excited by alcoholic liquor. Suddenly he flung himself on a couch, refused to answer any more questions, and begged to be left alone, and not disturbed in the delicious sensations he experienced ; he had spasmodic movements in his members, and in the diaphragm ; he sighed, moaned, laughed, and wept by turns ; the pulse 120 a minute, the face much flushed. The persons present began to feel uneasy, but were reassured on hearing Mr. B. repeat several times that he was happy and did not suffer. Dr. Cottereau watched the symptoms with the greatest minuteness.—Mr. B. appeared the whole time to have the most agreeable symptoms proceeding from the epigastrium. All the phenomena presented were those of ecstasy ; his features bespoke the greatest happiness ; he could not find language to express his feelings ; he would not wish to leave his present condition, he is so happy. ‘How much I thank those who gave me that delicious drink!’ ‘Tell me what you feel,’ said one of the party. ‘I cannot express it.’

The influence of Mr. B.’s temperament was remarked throughout the experiment ; he is possessed of great sensibility. In speaking of gay subjects, and painting out lively and agreeable objects, his ideas harmonized instantly ; he shouted with laughter and evinced the greatest gayety. It was evident in this case that he was under the influence of the person who spoke to him, who could direct his ideas as he chose.—Mr. B.’s sense of hearing had become extremely acute ; he very distinctly heard what was said far off and in a low voice. In the midst of his ecstasy he neither lost consciousness of persons nor things. He replied correctly to all questions addressed to him, and knew those who surrounded him ; but it was evidently painful to him to speak ; he seemed to wish to enjoy his ecstasy undisturbed. At half-past four, the pulse is 90 ; his ecstatic reveries continue ; he is not conscious of anything relating to earth ; his mind is perfectly free, and yet he has some delicious sensations.

“Mr. A. DeG. proposes to give him an antidote and bring him back to his natural state ; he says that the sensation of

happiness will last a day or two. All whom I have interrogated, who have tried the experiment, have assured me that they have not felt any distress on the following days, but, on the contrary, a great sensation of happiness.

"M. D., the second subject, came to the meeting with the conviction that the substance would not produce any effect upon him, and with the firm intention to resist its action. No symptoms occurred for two hours and a half. The physiognomy of M. D. is grave. His character is serious, he rarely laughs, and devotes himself to metaphysical studies.

"Towards two o'clock his pulse was 100; his heart beat rapidly; several persons felt its pulsations. M. D., who until now had been very calm, and conversed with the company on various subjects, exclaimed that he was delirious; he began to sing, took out his pencil, and endeavored to write down what he felt, Here are some fragments of his notes: 'It is droll; my feelings are very vivid; the idea of being useful without fear, made me decide on taking this excellent drink; I am singular; they are laughing at me; I will not write any more.' He threw away his paper; his delirium increased.—The features of M. D. became very flexible; he laughs sardonically; the expression of his eye is animated, his face red, his pulse 120, his pupils dilated. Like Mr. B., he looks extremely happy; laughs, sings, gesticulates, and speaks with extreme volubility. His ideas follow one another with rapidity; it is the derangement of gay mania. But in the midst of this abundance, mobility, and variableness of ideas, those which form the basis of his studies predominate. These serious subjects are intermixed with pleasantries, bon mots, and puns.

"His tongue is dry; he spits frequently; his inferior extremities are slightly convulsed. 'This is a very singular delirium.' Like Mr. B. his hearing and sight are very acute. He has no notion of time and space, but recognizes every one present, and replies correctly to questions put to him. He draws out his watch, and says with the greatest calmness: 'It is such an hour.' A multitude of ideas seem to fill his head,

which he cannot express ; he says : ‘ You might take an ear, or an eye, if you could give me another tongue to make known what I feel.’

“ The pulse lowers ; it is softer, and beats but 90 in a minute. The delirium continues ; water is given to him ; he exclaims : ‘ That will make the frogs come, who will drink up the liquor.’ Incoherent sentences follow with inconceivable rapidity.

“ The character of the delirium changes. He seats himself in a corner, closes his eyes, and talks to himself ; he looks inspired. We surround him ; he talks of sciences and gives definitions ; then, like a man trying his powers, he pronounces a few words, and immediately recites some twenty very harmonious verses. Being under the impression that they were well known stanzas, we omitted to note them down ; but on some one present asking him if they were not by Victor Hugo, he replied, ‘ No.’ ‘ They are, then, your own ?’ He gave a sign of assent. His countenance expressed gaiety and satisfaction ; his skin became very pallid ; his pulse 100 ; his eyes closed, which he opened on the request of his brother ; the pupil less dilated.

“ He left off improvising to speak of foreign countries.— We had been told that in these experiments the phenomena of second sight would be developed. M. D. described countries and cities which he had visited with as much correctness as though they were then before him ; he perfectly recollected the peculiarities which he had noticed in his travels ; in like manner he told us that he saw the stones of the Pantheon at Naples, raised, and drew a very practical picture of the scene which had struck him. But notwithstanding all our questions, he could not describe places with which he was unacquainted. He saw objects which had no existence. His brother inquired if he could look into his brain. ‘ No, it is empty’ ; then he added : ‘ How do you think I can see into your brain, it is veiled, there are objects between it and me.’ He then arose, saying : ‘ All this is a dream ; this state of aberration has given a livelier impulse to my ideas, but has not added to my knowledge.’

"The delirium, which for some time had been confined to a series of ideas, now became general again; he sang, laughed, and talked with great vivacity; he experienced no suffering, and said he was very happy. This state lasted for four hours and a half, when I left the party. The pulse at 90; the spitting frequent, and a constant desire to drink."

To the above we append the experiment of M. Théophile Gautier—the proving which figures as "28" in the list of *authorities* cited in the *ENCYCLOPÆDIA OF PURE MATERIA MEDICA*. And just here we must be allowed a few words in our own behalf. When our notice of the first volume of the *Encyclopædia* was published, the editor of the "Hahnemannian Monthly" wrote to a friend asserting that our notice was inspired by personal feeling, and he vouchsafed the additional information that many Philadelphian physicians had said the same to him. If this editor, or "any other man," will show that the points of our notice are untrue or erroneous, both he and they will do the critic a favor by correcting his ignorance. If the points are both truthful and correct, why is simple truth-telling the evidence of "personal feeling?" But we defy them to find us in error; and we assure them that to defend the first volume of the work cited against our objections would simply be to advertise their own ignorance. If any homœopathic Dogberry wishes to be written down an ass, he most certainly has a first class opportunity "on this line."

Were the writer qualified to take Dr. Allen's place on this work—which he most sincerely and truthfully declares he is not—he would give the warm right hand to every critic who pointed out an error or an omission.

Indeed, we regard this great work very peculiarly, and God is our witness that our whole heart yearns for its well-doing. We think of it in the full recollection of a night of agony when we sought among the scattered and incomplete "provings" of our literature for a precious remedy that might save the little one which any *father* would have died to save. By the early dawn of the next morning his wings had grown, and he vanished from the eyes

that ever since have hungered for him—that see him now only in dreams. Well, that was three years ago, and to-day we can see in the magnificent resume of *Apis* in the Encyclopædia that for which we then vainly sought. Hence the yearning that this work may be made, so far as man can make it, the “fullness of all things to them that seek.” In the exercise of such a solemn privilege as is Dr. Allen’s the editorial *Ego* sinks out of sight; the editorial *Opus* only is seen; and the critic who, in such a work would leave an error unnoticed, is an enemy to the editor, to the profession, and to humanity.

Let me assume the first person to say, that *I have a “personal feeling” in regard to this work*, and those who like me have tasted the bitterness of death, will know its length, and breadth, and depth. Of him who can still persist in misunderstanding me, I can only say with Macduff—“He has no children.”

Incompleteness of research was the severest charge urged against the editor of the Encyclopædia, and this proving of M. Gautier will substantiate the charge. Dr. Allen obtains his data from the “L. and Ed. M. J. 5, 695,” where, undoubtedly, reference is given to the original. The result of quoting at second hand will be evident if any one will compare Gautier’s symptoms in the *Encyclopædia*, and in the original. Now for Gautier’s narrative.—

“One of our companions, Dr. ———, who had travelled much in the East, and was a determined opium eater, was the first to yield to its influence, having taken a much larger dose than the others; he saw stars in his plate, and the firmanent in his soup dish; then turning his face to the wall, talked to himself, and burst into fits of laughter with eyes flushing, and in the highest state of glee. I felt perfectly calm until dinner was over, although the pupils of the eyes of my other friends began to sparkle strangely and acquire a most singular turquoise tint. The table being cleared, I (still having my senses) arranged myself comfortably with cushions on a divan to await the ecstasy. In a few minutes a general lethargy overcame me. My body appeared to dissolve and become transparent. I saw the haschish which I had eaten, distinctly within me, under the form of an emerald from which thousands of little sparks were emitted; my eyelashes lengthened indefinitely, twisting themselves like golden threads around little ivory wheels, which whirled about with in-

conceivable rapidity. Around me were figures and scrolls of all colors, arabesques, and flowing forms in endless variety, which I can only compare to the variations of the kaleidoscope. I still occasionally saw my companions ; but they appeared disfigured—half men half plants ; now, with the pensive air of an ibis, standing on one leg, and again as ostriches, flapping their wings, and wearing so strange an appearance that I shook with laughter in my corner ; and, as if to join in the buffoonery of the scene, I commenced tossing up my cushions, catching them as they descended, and twisting them round with all the dexterity of an Indian juggler. One of the gentlemen addressed a discourse to me in *Italian*, which the haschish by its extraordinary power delivered to me in *Spanish*.—Questions and answers were most rational, and touched on different matters, such as the theatres and literature.

“The first stage drew towards its termination. After some minutes I recovered my calmness, without headache, or any of the symptoms which accompany the use of wine, and feeling very much astonished at what had elapsed, when I again fell under the influence of the haschish. The vision this time was more complicated and extraordinary. Millions of butterflies, whose wings rustled like fans, flew about in the midst of a confused kind of light. Gigantic flowers with crystal calyxes, enormous hollyhocks, gold and silver lillies arose, and burst into flowers around me with a crackling sound like that of bouquets of fireworks. My hearing was prodigiously developed : I heard the sound of color—green, red, blue, and yellow sounds struck me with perfect distinctness. A glass upset, the creaking of a chair, or word spoken, however low, vibrated and resounded like rolling thunder ; my own voice appeared so loud that I dared not speak for fear of throwing down the walls or bursting like a bomb ; more than five hundred clocks chimed the hour with their flute-like voices.—Every object gave forth a note of the harmonica or Æolian harp. I swam in an ocean of sound, wherein some passages of the *Lucia* and *Barbeire* floated, like little isles of light.

“Never before had I bathed in such beatitude ; I was so encircled by its waves, so transported from all things earthly, so lost to self—that odious, ever present witness—that I comprehended for the first time what might be the existence of elementary spirits and angels, and souls released from this mortal coil. I was as a sponge in the midst of the sea ; every instant waves of happiness washed over me, entering and departing through the pores ; for I had become permeable, and even to the smallest capillary vessel, my whole being was filled with the color of the fantastic medium in which I was plunged. Sounds, perfumes, and light reached me by multitudes of beams, delicate as a hair, through which I heard the magnetic current pass.

“According to my calculation this state must have lasted for three hundred years, for the sensations succeeded each other so numerously and

powerfully that the real appreciation of time was impossible. When the attack was over, I perceived that it had lasted a quarter-of-an-hour.

"What is very curious in the intoxicating effect of the haschish is, that it is not continuous; it comes and goes suddenly—raises you to heaven and places you again on earth, without any gradual transition; like madness, it has its lucid intervals. A third attack, the last and strangest, terminated my oriental *soiree*.

"In this, my sight was doubled. Two images of each object were reflected on my retina, and produced a complete symmetry; but soon the magic paste being entirely digested, acted with more power on my brain, and I became completely mad for the space of an hour. All kinds of Pantagruelic dreams passed through my fancy; goat suckers, storks, striped geese, unicorns, griffins, night mares, all the menageries of monstrous dreams, trotted, jumped, flew, or glided through the room. These wore horns terminating in foliage, webbed hands; whimsical beings, with the feet of the arm-chair for legs, and dial-plates for eye-balls; enormous noses dancing the Cachuca, mounted on chicken's legs. For myself, I imagined I was the paroquet of the Queen of Sheba, and imitated, to the best of my ability, the voice and cries of that interesting bird. The visions became so grotesque that I was seized with a desire to sketch them, which I did in five minutes, with inconceivable rapidity, on the backs of letters, cards, or any piece of paper on which I could lay my hands.

"One of them is the portrait of Dr. —, as he appeared to me seated at the piano, dressed as a Turk, with a sun painted on the back of his vest. The notes are represented escaping from the instrument in the form of guns and spirals, capriciously intertwined. Another sketch bears this inscription: 'An animal of hereafter.' It represents a living locomotive, with a swan's neck terminating in the jaws of a serpent, whence issue jets of smoke, with two monstrous paws, composed of wheels and pulleys; each pair of paws has a pair of wings, and on the tail of the animal is seated the Mercury of the ancients, who is confessing himself to be conquered, notwithstanding his heels. Thanks to haschish, I have painted from nature the portrait of a goblin. Even now I fancy hear them whining and mowing at night in my old beaufet."

From this interesting experience of M. Gautier, Dr. Allen has gotten only *six symptoms* for the Encyclopædia.

All of these citations are from *A History of Dreams, Visions, Apparitions, Ecstasy, Magnetism, and Somnambulism: By Brierre De Boismont, M. D., Philadelphia, 1855*, chap. xiv., pp. 334—342.

By consulting this work, Dr. Allen will get some valuable additions to his bibliography of *Cannabis Indica*.

S. A. JONES.

MATERIA MEDICA AND SPECIAL THERAPEUTICS of the NEW REMEDIES. By Edwin M. Hale, M. D., Etc., Etc., Etc. Fourth Edition. Revised and enlarged. In two volumes. Vol. I. *Special Symptomatology, with New Botanical and Pharmacological Notes.* Boericke and Tafel. 1875.

“The which I would rise to explain.”—*Truthful James.*

“Conceived in sin and born of iniquity,” will be the first exclamation of every pious critic who looks through this volume. It is the most vicious example of vicious book-making in our literature; the awfulest case of literary indigestion that ever came within our ken; the most audaciously-impudent book to which any man born of poor but honest parents ever put his name. With unblushing effrontery it invites the very knout of criticism.

“By Edwin M. Hale, M. D.,” says the title-page, which, resembling

“* * London’s column pointing to the skies,
Like a tall bully lifts its head and lies.”

If ever a fifth edition is perpetrated then may the eternal fitness be recognized, and the title-page read: “By hook and by crook!” The hook referring to the author’s (?) *ruling passion*, and the crook to the chiffonier’s stick.

What has Dr. E. M. Hale, in his own body, *done* for the indigenous remedies which he calls “Hale’s *New Remedies*.” Has he made, or participated in a single proving; and, if so, where is it recorded? We know of none—but are ready to have our ignorance corrected. Meanwhile, on page 427 of this volume, he writes: “The symptoms thus marked with numerals are from the provings of Dr. Morrison,* of England. The rest are from my own provings and clinical experience.” Here, then, is a distinct claim set up for “my own provings.” Well, a reference to history reduces “my own provings” to the singular number, in the first place, and in the second shows that “my own proving” was made by Dr. G. E. Chandler, a member of the Northwestern Provers’ Association, and in all probability working not even at the instigation of Dr. Hale.

It seems to have been Dr. Hale’s life-long misfortune to have had his book *Mss.* set up by printers who have no inverted commas—“——”—in their cases. The result works out thuswise: On page 133 we read,—“Heart disease, with œdema of the *left* hand (no

* *Morrisson*. This fellow can’t even borrow correctly.

other remedy has this symptom)." The uninformed reader ascribes the differential knowledge, conveyed in the parenthesis, which points out *Cactus grand.* as an *unicum*, to Dr. Hale. It really belongs to Dr. A. Lippe, and if a passing paroxysm of honesty sprinkled the pathogenesis (?) of *Kali brom.* with authorities, Dr. Lippe should have had due credit out of simple regard for the decencies of literature. Dr. Hale's ignorance of, or disregard for the decencies of literature, makes his book resemble the bag carried by Jacques Strop, the factotum of that finished thief Robert Macaire, in that you can trace the thefts by examining the contents of the bag. Dr. Hale, in getting up this last edition, did not do it alone; neither did Robert Macaire do *his* work alone, and our homœopathic habit of tracing similitudes must be our apology for making these observations.

Is Dr. Hale aware that as the law of nations outlaws a pirate, even so does the unwritten law of letters?

At all events, he has appropriated many an honest workman's labors without one word of acknowledgment, robbed him of the only reward given for the scholar's work, and all this in the broad daylight and surrounded by a cloud of witnesses. Does Dr. Hale wish his memory to stink long after the worm has done his work? Well, he may hug the conviction to his heart with little dread of being disappointed!

The reader may imagine that the vices of Dr. Hale's literary character should not be allowed to tell against his work; but are these, then, the wondrous days when men gather figs from thistles? Let us see:

Of the falsely so-called "New Remedies," Dr. T. F. Allen has worked up *Æsculus hip.*, *Ailanthus*, *Apocynum can.*, *Arum tri.*, *Asclepias tub.*, *Badiaga*, *Baptisia*, *Cactus grand.*, etc., and with what result? Why, even a tyro can see that Dr. Hale is beaten out and out on his own dunghill. If some still more striking evidence is needed of Dr. Hale's incapacity as an editor, the reader is requested to compare *Cannabis Indica à la Hale* with the same remedy as it comes from Dr. Allen's hands. Poor Hale is so thoroughly worn out in the service that he should incontinently retire to lighter duty in the Invalid Corps.

Again: the symptoms in this edition are set up in separate paragraphs, and it would have cost no more to have put in the authority

for each symptom, than it has already cost to fill up the same space with, in this instance, honor-hiding quadrats. Either Dr. Hale knew the authority for each symptom, or he did not. If he did not, he is an incompetent editor; and if he did, by suppressing them, he is open to the charge of having done so in order that the uninformed might ascribe more or less to "my own provings."

The farther each edition of this work removes the symptoms from the original provings, the more imperative is it that each of them should bear its mint-mark; and this omission is a cardinal violation of the purity which our homœopathic materia medica must possess in order to merit the confidence of the practitioner.

So many as do not yet possess the "New Remedies," will do well to get this volume, despite this great defect; but we most earnestly assert that the school should discourage the issuing of any subsequent editions, unless this evil is corrected. Indeed, we would more than suggest that the so-called "Hale's New Remedies" has long since fulfilled its sole legitimate function; which was to call attention to many indigenous remedies, generally unnoticed by the homœopathic profession. That they can be properly "delivered" at "full term" by one deservedly famous for his "abortion" work, is hardly to be expected—such an one being supposed to be more *au fait* with immature things.

Lastly, for these genial remarks must have an end, we incline to the opinion that Dr. Hale is prostituting the Foundling Asylum. It was designed for cast-aways, whom cruel fate had thrown upon the tender mercies of the profession. Within its hospitable walls they were to be warmed and fed, their capabilities noted, and, when their bones had knit and their sinews strengthened, sent out to do their duty and win a name. But behold, you, the head nurse of this Foundling Asylum has had an attack of kleptomania, and has laid hands on the full-grown progeny of a Buchmann, a Hering, and others—progeny which they were by no means desirous of disowning—and by dint of taking off their tailed-coats and high hats, and cramming them into short clothes and night caps, has thought to pass them off as foundlings. *Chelidonium majus* a Hale-nurseling? Bless us, it has had a full beard as long as we can remember! But such is human nature, for the sterile are ever covetous of other people's children. And, alas, such is the poor nurse's hallucination that the silly thing imagines such an unlicensed appropriation of other folk's flesh and blood will be mistaken by the world for the fruit of a womb which never fecundated, although the paps have given suck.

In view, then, of the real good which this same nurse and this Foundling Asylum have done in the past, let the profession appoint a visiting committee with power to liberate such of the present inmates as are too lusty to be coddled, and with many words of encouragement instruct the nurse to do a strictly legitimate business: in default thereof to be summoned for trial on the serious charge for kidnapping.

CARL MULLER.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

SCHUSSLER'S TISSUE REMEDIES.

At the meeting of March 17th of the Berlin Homœopathic Medical Society, the following report was made.

Magnesia phosphorica. *Tic douloureux* of a woman. The pain in this case was especially seated in the supra-orbital branch, and extended sometimes to the ramus mentalis of the maxillaris inferior, a touch at the latter caused pain in the supra-orbitalis, in fact the slightest touch in any part of the affected nerves renewed the painful paroxysm. Fischer quieted this year the neuralgia in three weeks with the sixth trituration, whereas formerly it took him fully three months. He also treated the *enuresis* of a cadet, which for years obstinately refused to yield to all treatment, with *Magnesia phosphorica* and *Ferrum phosphoricum*, alternating the remedy every two weeks. It acts well also in flatulency which will neither pass upwards nor downwards. Sulzer treated a case of headache, beginning every evening at ten, without chill or symptoms of congestion, and continuing the whole night, with the 10th decimal dilution. She had suffered already for two weeks, but *magn. phos.* cured quickly. A servant girl in her house had three epileptic fits in one day without any apparent cause, as she never had anything like it before; every fit lasted about an hour. At the the third fit some *magn. phosph.*¹⁰ was dropped in her mouth, and the fit soon passed off. She kept on taking the remedy in water, and she had no other attack. He also recommends the drug in infantile convulsions during teething or without any apparent cause.

Ferrum phosphoricum. Fischer treated a pregnant woman, who suffered for months from a short, dry, hacking cough, whereby always the urine squirted away. The sixth trituration removed the whole in a few days. A major suffered from a fresh, painful sugillation on the back of his foot. The remedy was given internally without any external application, and even the next day amelioration was visible. He also recommends it for hemorrhoidal troubles and obstinate constipation, also in the hoarseness of commanding officers, where also

Arnica is indicated. It failed in painful gonorrhœa to be of any benefit. Sulzer cured the painfulness during coitus in a woman with the 10th decimal trituration. It disappointed his expectations in commotio cerebri, the unconsciousness and the vomiting of the child only ceased after giving *Arnica*. It is also recommended in whooping cough with vomituration and vomiting, but as soon as the vomiting ceases, *Kali sulphuricum* ought to be given.

Kali phosphoricum is recommended for states of debility and putrefaction, in foul-smelling diarrhœas, in great loss of strength. Fischer treated a young man in the acme of typhus, hippocratic face, pulse filiform. This drug made such a change in his state, that he could be considered out of danger on the third day. *Natrum muriat.* removed a consecutive parotitis, and *Causticum* a remaining paralysis of the facialis. Maylander remarks, that even after extirpation of the carotis the paralysis of the facialis spontaneously gets well by a union of the divided nerve fibres right through the cicatrized tissue. Sulzer recommends this remedy also in ileo-typhus. Fischer for phagadænic chancre. The excessively stinking sweats of an intermittent were removed by the same remedy, but the fever, though milder, needed *Natrum muriaticum* for its removal.

Calcarea sulphurica is the connective-tissue remedy. An apprentice smashed the third joint of his index finger, a suppurating, bad looking surface showed excessive granulations and the bone exposed, and the whole finger was very painful. Externally only a rag moistened with oil was applied, and the remedy given internally soon dispersed every vestige of pain, and the finger healed nicely.

Natrum muriaticum is recommended in corroding leucorrhœa with discharge of clear mucus. Fischer cured several cases of gleet with clear discharge. Fischer cured the hemicrania of a rather elderly looking female, who suffered from her youth with it, quickly with *Natrum mur.*; some vomiting, sour eructations led them to this remedy, for the bitter taste he gave after a while *Natrum sulph.* He also related that a single powder of the 30th dilution affected him greatly. For three nights he had several pollutions which weakened him greatly. A Russian woman of nobility suffered from obstinate scorbutic affection of the mouth, and had taken lots of medicine for it. She acknowledged, that she is very fond of and uses a great deal of salt. Her dietary regimen was regulated and *Carbo veg.* given as

an antidote. *Maylander* treated a man, who suffered for 18 months from incontinentia urinæ, as soon as he sat down urine was discharged, he also had frequent pollutions and obstinate constipation. *Natr. mur.*⁶ cured him in four weeks of all his troubles. He also treated a woman of 45 years, who suffered from a uterine discharge of glassy mucus, and an obstinate habitual constipation. An examination per vaginam revealed a cord between uterus and sacrum in the posterior part of the fornix, which was very sensitive to the touch. *Natrum muriat.*, 6th trit., produced regular stool already in a week, and eight days later the painfulness in the fornix was essentially lessened.

*Natrum sulphuricum*¹⁰ is recommended in nephritis scarlatinosa, also in diarrhœa. A woman had chronic diarrhœa, sometimes with involuntary stools, caused by rupturing the perinæum after confinement. The operation was at that time made. *Sulzer* cured the diarrhœa and involuntary stools with *Natrum sulph.*, which also acted well in a case of migraine, characterized by bitter taste in the mouth. It failed to be of any benefit in gonorrhœa. *Zwingerberg* cures even severe cases of nephritis scarlatinosa under the most unfavorable circumstances with *Calcarea sulphurica*, and gives afterwards as a diureticum, in spite of the usual warnings, 10 drops of the pure tincture of *Helleborus niger* in a glass of water, tablespoonful for a dose.

NATRUM PHOSPHORICUM acts on the lymphatic glands, in scrofulosis, leukemia; characteristic is a creamy coating on the tongue, ulcers, etc. Neither *Fischer* nor *Sulzer* reported favorably on this drug.

KALIUM CHLORATUM is recommended by *Fischer* in angina, beginning with white points on the excretory ducts of the glomeruli of the gland, and leading to diphtheritis, also for the white spots on the tongue and in the intestines of syphilitic origin, also in syphilitic rectal troubles. In a case of dysentery it produced amelioration, as soon as no blood could be detected any more in the stool. *Sulzer* on the contrary precribes it for bloody-mucous discharges.

CALCAREA FLUORICA. A young man of thirty, pale and lean, consulted Dr. *Schussler* on account of a tumor on the neck, close under the edge of the mandibula, but not connected with it, pretty hard, but not knobby, and of the size of a pigeon's egg. He received *Kali chlorat.*⁹ enough to last him two weeks, when the tumor was found a great deal smaller, but knobby, and some of the knobs

were of stony hardness. Calc. fluor.⁶ caused a perfect dispersion of the tumor, followed by a slight conjunctivitis, which was again relieved by Kali chlorat. I feel convinced that Calc. fluor. corresponds to consolidated infiltrations, and although the chemists find it only in bones and teeth, still we may surmise, that it is also present in other tissues as a functional means and for constructive purposes.—*Hirschel Klin. Zeitschr.* 8, 1875.

DIABETES MELLITUS.

BY DR. SEEGEN. *Berlin*, 1875.

A short résumé of this work may be thus given :

1. With our present chemical and physical instruments we are unable to prove sugar in healthy human urine, and we may therefore say, healthy human urine contains no sugar. 2. Every excretion of sugar with the urine, not momentary from transient causes, but steadily present, is the expression of a morbid process in the organism. 3. The distinction between diabetes mellitus as disease, and mellituria as an innocuous increase of a physiological process, does not hold good; even the most moderate excretion of sugar, when steadily present, may produce all morbid manifestations characteristic of diabetes mellitus. 4. The excretion of sugar is the consequence of an anomalous change of the hepatic glycogene into sugar; a direct discharge of the sugar introduced with the nutritive material does not take place. 5. There are two forms of diabetes, according to the source whence the glycogene emanated; (a) that form where only the glycogene formed from hydrocarbons is changed into sugar; (b) that form where also the glycogene emanating from the dissolution of the albuminates is changed into sugar. In the first sugar is only excreted when hydrocarbons are introduced; in the second form sugar will be detected though only animal food is taken. 6. The cause of the anomalous alteration of the nutrition will be found mostly in morbid changes and disturbances of the central nervous system. 7. Whatever may be the proximate cause of the formation of sugar, this only is the cause of all the symptoms characteristic of diabetes mellitus. 8. There is a peculiar connection between a superfluous formation of fat and excretion of sugar. Fat persons frequently suffer from diabetes. Sometimes and especially in young persons the production of fat may be considered as the prodromal stage of the consecutive severe diabetes. 9. The symptoms of diabetes may be divided into two groups, (a) in such caused by the presence of sugar in the blood, *i. e.*, in the fluids of the tissues, and (b) in such caused by deficient nutrition in consequence of anomalous changes in the nutrition. 10. The liability of the tissue is never the cause, but always the sequence of diabetes mellitus. 11. Heredity can often be proved. 12. Its course differs according to the form. It will be a mild case where the sugar is only excreted at the cost of the introduced hydrocarbons. It is very favorable as long as we meet a considerable tolerance for amylacea. That form where sugar is made at the cost of albuminates, leads far quicker to a fatal end. 13. I never saw diabetes cured in that sense, that amylacea could be taken in large quantities and yet no sugar excreted. 14. The prognosis depends (a) on the form of the disease; (b) on the age of the patient; (c) on the ability to take up large quantities of animal food; (d) on mental qualities. 15. In treating diabetes the regulation of the diet is the first and most important factor. 16. Alkalies and alkaline mineral waters are the only remedies so far which deserve any confidence. 17. The use of *Carlsbad* acts always favorably on the symptoms of diabetes. In severe cases it fails to influence the excretion of sugar, but it acts well in lighter cases. *Carlsbad* can be recommended in all cases where there is still a tolerance for hydrocarbons. 18. Opium and its preparations show a decided influence on the excretion of sugar. Even severe cases are benefited by it, but this beneficial action is only exceptionally of some duration.

Clinical Observations.

D. A. COLTON, M. D., CHICAGO, ILLINOIS, EDITOR.

CLINICAL CASES.

FISTULOUS ULCER OF THE TIBIA.

April 26th, Mr. C., tall, slim, of scrofulous diathesis ; works in an oilcloth manufactory where he is much exposed to strong odors from paints. Has now a fistulous ulcer on the upper third of the left tibia, for which the allopaths have treated him in vain. Painful swelling of the bone on the inner side near the knee-joint ; several openings from which a thin sanious fluid is discharged ; these openings are painful when probing them ; find no indication of dead bone-splinters ; feels weak ; appetite poor ; looks white and pinched in the face. R. *Silic. 20 m.* one powder, in water, a teaspoonful before meals and on retiring, with blank powders to follow. May 6th. The leg is better ; the ulcers are healing ; less swelling of the tibia now appears ; R. *Sacc. lac.* and ordered leg bathed in diluted *Calendula tinct.* May 22d. Great improvement ; general health much better ; he feels stronger ; sores nearly healed up. R. *Silic. 20 m.*, one dose, as before. June 19th. There has been a continuous improvement ; the ulcer is covered with a scab ; he complains of slight pain near the tendons of the external muscles of the thigh ; says, however, he has not felt so strong for a long time. R. *Silic. 40 m.*, one dose, and the treatment was discontinued as the leg ceased to trouble him.

INTERMITTENT FEVER.

June 10. Mr. D., æt, about 35, dark complexion ; contracted while in the army, in the Savannah marshes, malarial fever, for which he took quinine and whiskey. Has now no regular chills, but is troubled with general debility. Very nervous and fidgety ; night sweats ; awakes to find himself wet with sweat and cold ; this is repeated through the night ; no appetite ; before sitting down to the table thinks he can eat, but after tasting of food his appetite all leaves him ; *better in the open air* ; soreness in the abdomen extending around to the back ; feels sore and lame after his day's work. While in the army he had diarrhœa, which any over exertion now brings on. R. *Puls. 40 m.*, one powder in water, a dose before each meal and before retiring, with *Sac. lac.* to follow.

August 30. Chilliness gone ; nervousness and night-sweats, abdominal soreness and diarrhœa, all gone. Discharged as cured.

CHRONIC HEADACHE.

Mrs. T. O., widow, leucophlegmatic ; light haired ; very fat ; has burning in vertex of head ; dull pain through the eyes ; sick headache ;

dizziness on stooping; vertigo on going up and down stairs; hair comes out too rapidly; pressure in stomach, as if she couldn't get her breath; feels very tired; constant leg-ache; ravenous hunger; cannot eat enough; aggravation from sweet food; abdomen bloated; knees feel weak and tremulous on ascending and descending; constipation; sharp pain during stool; varices; catamenia every three weeks, lasting eight days; burning in feet; leucorrhœa, with thin, milkish, very offensive, sour-smelling discharge. *R.* Calc. c. 31 m., one dose, which removed the entire train of symptoms without repetition.

SUPPRESSED GONORRHOEA.

Mr. C., æt 23, Oct. 2d. Has for three weeks been dosing allopathically for gonorrhœa; the prepuce is now much swollen, bordering on phymosis; a drop of yellow glutinous matter at opening of urethra; there is little pain, but the prepuce is sore when walking. *R.* Cannabis Sat. 2 c, a powder in water.

October 4. Has had considerable discharge since taking the medicine; feels better; slept better the first night after the medicine was taken.

October 7. Discharge is stopping; continued improvement; soreness on walking is all gone.

October 14. Swelling is about gone; feels about well. He had but the one dose of Cannabis sat., and was discharged; cured.

SEQUELÆ OF PNEUMONIA.

July 21st. Mrs. G., æt 40; widow; a very large-boned, stout woman, not over fleshy, but appearing rather muscular and masculine; has for three years been "doctoring," taking much medicine, with but slight relief. She had the lung fever, which left her ailing. Has now pain in lungs when taking a long breath, "can't get half a breath," as she expresses it; cold feet; can't sleep because of thinking so much; on lying down all her troubles come to mind; sleep is unrefreshing; very nervous; easily startled; fears loss of reason; when sitting in church, thinks herself at the same time walking down the aisle; great fear of something unpleasant happening; ravenous appetite; faintness at 10 or 11 A. M.; flows all the time; head is dizzy on ascending, or turning it quickly; constipation; gets out of breath, and tired easily. *R.* Calc. c. 31 m., one dose in water.

August 29. The faintness in the morning and the flowing are gone; the dizziness is better; feels stronger; lungs much better; since the head has felt better she has had some pain in the feet. *R.* Sacc. lac.

September 6th. Sleeps better, though it is somewhat unrefreshing; suffocating feeling in the lungs; the head feels as though something were moving in its top. *R.* Calc. c. 41 m. She took after this prescription, one dose of Calc. c. 2 c. and one, and one of the 31 m., when she became so free from ailment as to consider herself well.

TYPHOID PNEUMONIA.

April 13. Mr. A——; æt about 50; lumberman; will weigh over 200 lbs.; florid complexion; was taken sick in a logging camp

in the early spring, having what was called lung fever ; when able to be moved he was taken out of the woods and left at a house, where he rested, and was nursed for a few days ; he then rode 80 miles to his home, in a drizzling rain. Has now a severe cough, caused by tickling in larynx ; don't want to talk ; mild delirium ; difficult expectoration of greyish, purulent matter ; urine pinkish with a sediment which adheres to the vessel and contains a pink, pus-like matter ; his head feels "queer" and dizzy ; had some years ago an injury to the back and ribs. For several days he received without benefit the following medicines, tried one after the other : Bry. Nux vom., Calc. c., Phos. Silic., Arsen., Sulp., Kali bich., Rhus tox, Hyos. April 20th. He is weaker ; the medicines are doing no good ; the family are anxious ; this A. M. he says : "*If I could only get my cough together I should be all right ; it seems to be in pieces ; all scattered about, and I want to get it together.*" Sleep better before midnight ; has fever-turns, and sweating. R. Bapt. t. θ . 8 drops in a tumbler half full of cold water, hourly. In 48 hours the cough was "all together," and the patient in all respects relieved. He made a rapid recovery.

BALANITIS.

Mr. D——, æt 25, of good habits ; came one day in great trouble ; thinks he has syphilis, as one physician has called his disease such ; says he must have taken it from his wife, and is loud in threats of vengeance upon her for her supposed infidelity to him. On examination find several small ulcers under the prepuce and around its border ; these came in the form of white, glistening, pearly pimples, which itched and were painful, becoming in a day or two, ulcers ; pain on urinating ; great pain on walking ; the hot weather, and the fact that my patient was obliged to walk considerably, much aggravated the symptoms ; when the urine touches the prepuce in urinating, the pain and burning is intolerable ; can get in no comfortable position.

R. Merc. bijod. 3 dec. trit. ; ordered my patient to wash parts in warm water, and wear a suspensory bandage made of fine soft linen ; also told him that he had not got syphilis, and that his wife had not been untrue to him. Under this treatment the trouble was cured in a few days. In this case, where the husband and wife were both highly respectable people, and of good habits, what should have caused the disease ? Could it have been contracted from an acrid leucorrhœa ?

The above cases were all treated with the single remedy, no other medicine being given excepting in the case of typhoid pneumonia, when all other medicines were discontinued upon giving the *Baptisia*.

T. L. BRADFORD, M. D., Skowegan, Maine.

Colleges, Societies, Etc.

KANSAS AND MISSOURI VALLEY HOMCEOPATHIC MEDICAL SOCIETY.

The Society met in the office of Drs. Davis & Gilley, at 12 o'clock M., and Dr. Jas. Lillie, of Kansas City, was called to the chair *pro tem.*, and Dr. H. W. Gilley to the Secretary's desk. Upon motion, the Society adjourned for dinner, to meet in Odd Fellows' Hall at 2 o'clock P. M.

WEDNESDAY AFTERNOON.

The Society met in Odd Fellows' Hall, pursuant to adjournment, and proceeded to regular order of business. The President being absent, the Vice President, Dr. Anna Warren, called the meeting to order.

The Secretary called the roll and the following named members answered to their names: Dr. Jas. Lillie, Kansas City, Mo.; Dr. Anna Warren, Emporia, Ks.; Dr. S. B. Anderson, Lawrence, Ks.; Dr. W. H. Riley, Olathe, Ks.; Dr. J. G. Dodge, Burlington, Ks.; Drs. J. Davis and H. W. Gilley, Ottawa, Ks.

The minutes of the preceeding meeting were read and on motion they were approved.

The report of the Treasurer being called for he proceeded to reading thereof, and upon motion the report was accepted.

An application for membership being presented by Dr. James Heacock, of Parsons, Ks., the chairman appointed Drs. Lillie, Davis and Anderson a Board of Censors, who retiring with the application, soon reported favorably and on motion of Dr. Dodge the applicant was elected a member by acclamation.

The chair appointed the following named gentlemen as a Committee on Nominations, Drs. Riley, Dodge and Anderson.

Under the call of Miscellaneous Business and during the conference of the Nominating Committee, the Secretary read the following letter from Prof. E. C. Franklin, of St. Louis:

ST. LOUIS, Mo., May 2d, 1875.

Dr. W. H. Riley:

DEAR DOCTOR:—My daughter has been stricken down with articular rheumatism and is threatened with metastasis to the heart. I have only time to say hurriedly that it will be impossible for me to be among you this year, but hope the session may pass off harmoniously and profitably and that we shall see you all at the meeting of the Western Academy in October, at Davenport, Iowa. Give my compliments to all the gentlemen present and accept the best wishes of

Yours truly,

E. C. FRANKLIN.

Letters of regret were also read from the President—Dr. Lewis Grasmuck, Dr. G. H. T. Johnson, Dr. Elizabeth Eggert, Drs. O. C. Wood, A. B. Stockham, J. J. Edie, W. F. Morgan, and E. K. Morgan.

Upon motion the chair appointed Drs. Dodge, Davis and Anderson as committee to express the sentiments of the society upon the death of Dr. S. K. Huson. The committee make their report this evening.

The nominating committee brought in the following report of nominations for officers of the society for the ensuing year: For President, Dr. James Lillie; for Vice President, S. B. Anderson; for Secretary and Treasurer, H. W. Gilley.

On motion the above nominees of the committee were severally elected by acclamation.

Dr. Dodge moved that a committee be appointed to prepare an article on the life and medical services of Dr. S. K. Huson, for publication in the *Homœopathic Medical Journals*, the article to include the report of the committee appointed on obituary. Motion amended to make it a committee of one, which being accepted and carried, Dr. Dodge was appointed by the chair as such committee.

The newly elected officers here entered upon the discharge of their duties, with Dr. S. B. Anderson in the chair.

No other business being before the society, a discussion of cases was in order, and some very interesting clinical cases were presented by Dr.'s Riley, Dodge and others, followed by the consideration of the treatment of intermittents. Several other clinical cases were presented by Dr.'s Anderson, Anna Warren and Dodge.

Under unfinished business Dr. Riley moved that a committee, to consist of Drs. G. H. T. Johnson, J. J. Edie and W. G. Hall, be appointed to confer with the general committee of the World's Institute for 1876, to meet at Philadelphia, for representation from this State; motion carried.

Dr. Davis moved that a committee on legislation, to consist of Dr.'s Grasmuck, Riley and Anderson, be appointed; motion carried.

On the representation of Dr. Riley, to the Secretary, to the effect that there were no blank certificates in his hands, nor had been since his term of office, and as several members had made complaints on account of not having received their certificates, he deemed it proper to make some appropriation to supply the deficiency in this respect, and on motion Dr.'s Gilley, Riley, Heacock and Lillie were appointed a committee to make arrangements for the preparation and printing of the desired blanks. A bill was presented from A. T. Sharpe, of Ottawa Republican, for 300 copies of paper containing minutes of the meeting at Ottawa; on motion it was allowed, and an order directed to be drawn on the Treasurer for the amount.

A vote of thanks was tendered the Odd Fellows for the courtesy extended to the Association in the use of their hall.

On motion society adjourned to meet at 8:30 o'clock at office of Dr.'s Davis & Gilley, and that when the society finally adjourn, it adjourn to meet in Leavenworth on the first Wednesday in May of 1876..

At the evening session the following resolution was adopted:

WHEREAS, In the all wise Providence of God we are called upon to deplore the loss from our midst, by the hand of death, of Dr. S. K. Huson, and

WHEREAS, Dr. Huson was one of the original members and former President of this society, and one of its most active and earnest members,

Resolved, That in the death of Dr. S. K. Huson, the Homœopathic Association of Missouri and Kansas has lost one of its most ardent supporters and active members, his family a kind husband and father, society and ornament, and community a benefactor,

Resolved, That the members of this society feel his loss most deeply, and extend their heart felt sympathy to the family of the deceased in their sad bereavement,

Resolved, That a copy of these resolutions be furnished the family of the deceased, and that they be spread upon the records of the society.

S. B. ANDERSON,

J. DAVIS,

J. G. DODGE.

CONIUM POISONING.

Dr. James Lillie, of Kansas City, then referred to the case of poisoning with *Conium*, that recently occurred in New York,* and made the following observations:

THE INFALLIBILITY OF THE HOMŒOPATHIC LAW OF CURE, AND THE NECESSITY OF THE HOMŒOPATHIC DOSE, DEMONSTRATED BY THE DEATH OF DR. WALKER, OF BROOKLYN.

In the brief statement which I have read from the N. Y. Tribune, the singular accuracy and reliability of Hahnemann's Proving of *Conium M.*, are clearly proved. Thirty minutes after taking his first dose of 50 drops of *conium* at 4.10 P. M., he was seized with *dizziness*, which is the first emphatic head symptom in Jahr's synopsis of Hahnemann's proving. The only other symptom recorded is *relaxation of muscles*. This was the curative effect of the drug, and ought to have arrested the doses. It was asserted by Dr. Agnew, Webster and Squibb, at the coroner's inquest, that the patient had been warned to stop the medicine as soon as he obtained a result. It has been said that Dr. Walker had intentionally repeated the 50 drop dose three times, as he did not expect to be cured, and was tired of life. This has been indignantly denied by surviving friends.

The truth may be that this unhappy victim of a false practice did not actually remember the injunctions of the physicians, as "*extreme forgetfulness*" is one of the most notable effects of the drug. However that may be, certain it is, that half an hour after the first dose, he took another of 50 drops. Now what were immediate effects? 1st, "*Difficulty of walking immediately.*" What says Hahnemann's original record we find these words: "*Gehen im Freien mattet ab.*" "Going in the open air he is tired out;" or in Bönninghausen's synopsis: "*Jählinge Erschlaffung beim Gehen,*" sudden exhaustion while walking;" or in Jahr: "*Affaissement subit pendant la marche;*" sudden sinking down while walking. Now what says Dr. Walker's record: "*Difficulty of walking immediately.*" No sooner was the second 50 drops taken than the patient lost the power of walking. But, along with this prostration, the spasms returned. After the first dose there was a relaxation of muscles; but the second brought back the spasms *immediately*. Now these spasmodic motions are the primary characteristic effects of the *Conium* as is explicitly

* Full report of this appears in our May No., page 293.

stated in Hahnemann's original proving, as well as in Bönninghausen and Jahr's Manuals. "Forced to lie down but no mitigation of spasms," were the dying words of Dr. Walker to his wife. Next we find him dictating these words: "*speech thickening some.*" And what says Hahnemann: "Stiff, swollen, painful tongue," "difficult speech." Bönninghausen: "Swollen tongue." And Jahr: "Speech embarrassed," "tongue stiff, painful swollen."

Finally the doctor said: "*Pain and heaviness in the top and back part of the head.*" Both these symptoms were discovered and recorded by Hahnemann over 50 years since.

One might have thought that after these five alarming symptoms Dr. Walker had had more than enough of Dr. Squibb's extract of conium, but 35 minutes after taking the second dose he ventured on the third 50 drops, which proved fatal in 55 minutes. Thus in less than two hours from taking the first dose death ensued. The all important fact to be observed is this, that there is not one symptom that brought on the mortal result, which we do not find distinctly noted down in the accurate pathogenesis of Hahnemann.

The first that we meet with is some *nausea* which is a leading effect of Conium in Hahnemann's proving and prominently marked in Bönninghausen and Jahr. The "*tremor*" across the upper chest is merely a special instance of what is the general characteristic of the action of the poison; as well as the spasms about the eyes, indicated by "*motion of the eyes as if they would be pressed out*" in Hahnemann, and by the "*trembling look*" in Jahr's manual. In a word every subsequent symptom: The "*photophobia*" the '*vastly increased*' "*diplopia*," the "*drowsiness*," the "*eyelids difficult to open*" the "*fullness in the throat*," the "*inability to articulate*" the "*almost suffocation in throat*," the "*slow pulse*," the "*deadly paleness*,"—all these eight symptoms are distinctly announced and emphasised in the immortal pathogenesis of the founder of Homœopathy. These eight along with the preceeding five symptoms, as developed in the fatal experiment of Dr. Walker are in perfect harmony, therefore, with Hahnemann's proving of Conium.

The fact, however, is clear and undeniable that Dr. Harley, if he cured facial spasms by Conium, was treating spasms by a drug that produces spasms. Was he not, *practically*, a Homœopathist? Dr. Brown Sequard, it seems, treated Dr. Walker a whole year with *strychnia*. If there is a poison in the world that infallibly produces spasms, it is the alkaloid of *Nux Vomica*. Was not then B. Sequard obeying the Homœopathic law, in so persistently attempting to cure spasms by *strychnia*? And yet that distinguished man in his Lectures on the Nervous System at New York told his confiding hearers, that he did not *believe* there was any truth in Homœopathy. His words were very emphatic. "I will say that if Homœopathy has any foundation at any time,—which most certainly I do not believe." No doubt the great majority of B. Sequard's hearers were quite sure that what he "most certainly did not believe," must be very ridiculous. After all, it was merely the simply blind led by one wilfully blind; for why does not B. Sequard believe in Homœopathy? Did he ever do what Hahnemann challenged all his enemies to do, to take cases of disease, to trace out the symptoms and their circumstances so accurately, that even he, Hahnemann, could not find fault with the precision of the pictures, and *then* to administer the remedies in the doses which *his* science and art demanded; and if the diseases were not promptly benefited, greatly benefited, to publish the failures to the world. Was the challenge ever accepted? To this day Hahnemann's glove lies on the ground where he flung it. Certainly B. Sequard has not touched it with one of his fingers. And yet he talks, forsooth, about "*most certainly*" not believing in Homœopathy! Faith without works is as foolish in medicine as in religion.

B. Sequard was talking of paralysis, and censured Homœopathy because infinitesimals of *strychnia* did not cure. Most likely very true? But who selected the remedy? The critic talks as if the only remedy in palsy were *Nux vomica*. Why Jahr mentions 27 remedies, and to select the proper one demands knowledge of the drugs and the greatest care in the selection and

application, B. Sequard in his own limited department probably knows more than any other man. In cutting and pricking the nerves of dogs and frogs, and noting the effects, he is unrivalled. After all his curious researches, he could not cure Dr. Walker though he had a year to do it in. And surely if he did him no good, his doses must have done him much harm, and must have paved the way for the fatal end when the right drug was found at last.

For every man worthy the name of Homœopath knows that Conium was the real remedy for Dr. Walker. The *facial spasms*, the *diplopia* the *photophobia*, and above all the *blow with the brick* which was the origin of the disease; all combined to point out conium as the only remedy in our extended pharmacopœia that covered the case. And just because it *was* the remedy—the *only* remedy—was it fatal in the 50 drop doses which followed each other in quick succession. As we have demonstrated by carefully comparing Mrs. Walker's record with Hahnemann's pathogenesis, her husband perished with all the peculiar symptoms of Conium poisoning. Had he received a fraction of a 30th, or even of a 200th or a 2000th, I will not assert he would surely have been cured (for after being a whole year under B. Sequard's strychnia, it is hard to tell), but I should certainly have expected him to have been put in the way of cure.

But as I have to come much closer to Dr. Brown Sequard, let us hear him in full. I quote from the "Tribune's N. Y." Report: I will say if Homœopathy has any foundation at any time,—which most certainly I believe it has not—it certainly has no value in these cases. Strychnia must be given in great doses to affect a paralysis." Two "*certainly*"s, and one "*must*" all in a breath—the Doctor *must certainly* be "*most assured.*" And yet like

— "man, proud man!

Drest in a little brief authority,—

Most ignorant of what he's most assur'd,

His glassy essence,—like an angry ape,

Plays such fantastic tricks before high heaven,

As make the angels weep; "*

First: Dr. Brown Sequard fancies, if any man knows about mans' "glassy essence," his *nervous system*, himself is that man. But as one says: "If any man thinketh he knoweth anything, he knoweth nothing as he ought to know." Our experimenter on the nerves of half dead frogs and tortured rabbits, thinks he is talking about Homœopathy when he is talking of *Strychnia*. Hahneman gave himself no concern about *Strychnia*. Though one of the best chemists of the age, he took the plants and minerals as God had made them, and not as man has modified them by analysis. Knowing as B. Sequard is, it seems, he did *not* know this. But

Second: Allowing B. Sequard to mend his assertion by putting *Nux vomica* for strychnia, how does he *know* that *Nux vomica* "must be given in great doses to affect a paralysis?" Has he tried *Nux vomica*, or even *strychnia* in a paralysis, and failed to affect it? *Very possibly*, Dr. B. Sequard then does not know that Homœopaths may employ not merely any one of Jahr's 27 remedies in paralysis but any one of Bönninghausen's 104? Nay that, of this crowd of poisons, there are only 7 that stand in the *first rank*, while *Nux vomica* only occupies an honored place in the second? It is clear, therefore, if any one presume to prescribe *Nux vomica*, at random in a case of paralysis, the decided probability is that he will lose his pains. It *may*, possibly, be that *Nux vomica* is the remedy; and if so, if *prescribed in the proper dose*, the case will be either cured, or, certainly, put in the way of cure. But whether that *is* the remedy can only be determined by a careful and skilful survey of the whole ground. I deny that, from all the world knows of Brown Sequard, he had any such acquaintance with the science and method of Hahnemann, as qualified him either to select the remedy in a case of paralysis or to apportion the dose.

* Shakespeare's "Measure for Measure."

If then B. Sequard did not presume to treat paralysis *homœopathically* of his own knowledge; who inspired him to select strychnia? Hering or Lippe of Philadelphia? Or Wells of Brooklyn? Or Dunham of New York? Or Wilson of London? Or Simon of Paris? Or Grauvogl of Germany? Or any man who by hard work in studying the *original* records, with competent talents natural and acquired, is qualified to play the critic in a case of Palsy?

3. B. Sequard is utterly unconscious of the fundamental and sweeping character of his dogma, that Homœopathy is powerless in palsy. Were that true, if he could prove *that*, to him would belong the glory of destroying homœopathy, and proving its author a charlatan. Does not Hahnemann, in his immortal organon, and in that portion in which he demonstrates his principle with such matchless erudition, demand, "what could have bestowed on this plant (*Rhus*) the power of curing paralysis of the lower extremities, with weakness of the intellectual organs, if it did not evidently possess the power of *depressing the muscular powers?*" Accordingly there is not a book on Practical Homœopathy (and we have now a library) that does not extol the power of *Rhus* over paralysis. If, therefore, B. Sequard can *prove* what he said at New York, that "*certainly Homœopathy has no power in paralysis,*" the reputation of Hahnemann is gone, and his science will be shown to be, what Sequard's admiring disciples fancy it, a mere delusion. But Sequard must not hope for such glory by mere assertions. I am far from saying he has not reputation enough to injure Homœopathy and society, by such talk. But, fortunately, Homœopathy is now so rooted in every civilized country that it is invincible while the laws of nature continue as they are.

As for my humble self I know well I have no reputation to give currency to delusion; and when I fearlessly maintain that B. Sequard did not know anything about Homœopathy having no power in paralysis, I must be prepared with proof of what I say. Here is a sample. Last year March 18th I was called to Lucian Robinson, then of this city. I found him sitting helpless, speechless, and stupidly staring at the opposite wall. He had no power to feed himself or dress himself more than an infant. His mother told me he had been employed, along with his father on a railroad. There had been a break down, by which the father was killed, and the son so severely wounded in the head, as to fall into a state of furious madness. When this subsided he fell into the miserable condition in which I found him.

I at once gave him Belladonna 200. His mother thought him better, almost, at once, from his evident efforts to speak. The medicine was continued to the end of the month. One dose of *Nux vomica* was interposed, and the Belladonna was resumed. This was followed by *Phos.* 16,000. On resuming again the Belladonna, I used the 3,000, and did not again recur to the 200. *Stramonium* 200 was then given twice, and the cure was completed by one dose of *Phosphorus* 16,000 on the 11th of June.

In this case, then, of the four remedies employed, Belladonna was the main one and it stands in the very first rank as an antiparalytic; *Phosphorus* was used twice; *Stramonium* twice and *Nux Vomica* but once. This shows the folly of regarding *Nux Vomica* as the one grand remedy in paralysis, and still more of limiting our view to strychnia according to the narrow, violent practice of Brown Sequard.

The case also demonstrates in the clearest way the mighty and immediate efficacy of the very highest forms of our preparations. Not one was given below the 200th. while *Phos.* was twice given in the 16,000. Now as the grand stumbling block of Allopathy and the world at large in regard to Homœopathy has always been the *smallness* of the dose, I think it well in conclusion, to refer to what has been done in the Kansas City Homœopathic Society to put that stumbling block out of the way for ever.

Ten years ago, when I was residing in the metropolis of Great Britain, I made a proving of *Veratrum viride*, from the lowest forms up to the 200th. I was surprised to find that the 200th acted as certainly and instantaneously on

my pulse as the lowest. On coming to Kansas City I mentioned the fact to the members of the Homœopathic Society. The experiment was tried on each of the members, and was found to be successful in all. I was then authorized to send a courteous letter the Medical Society of Kansas City, inviting them to a friendly examination of the matter. These highly respected gentlemen took no notice of the invitation. However, I was permitted to make trial on six of the leading clergymen of the city, whose pulses were all found to be of the same sensitive character as those of the Homœopathic Physicians. I then succeeded in proving the same great truth on the persons of six, at least, of our Allopathic brethren.

I this day invite this society to appoint a committee to bring in a report on the subject, and as I cannot doubt the laws of physiology are the same in Kansas, as in Britain and Missouri, I hope, at length, to bring the matter to an issue, which it will be impossible for Allopathy, or even the world at large, to ignore. B. Sequard and his admiring and confiding listeners will then learn, what they are now profoundly ignorant of, that the true way of experimenting on the nervous system is not by torturing frogs and snakes and dogs, and then drawing misty conclusions about the nervous system of man, but to follow Hahnemann in safely and benignantly irritating our own nerves by infinitesimals of Arsenic, Nux vomica, Conium m., Aconite and all the endless poisons which the living God has scattered through His world, to heal and not to kill the living bodies he has made. For there is no more certain maxim than this *ubi virus ibi virtus*: Wherever the poison is, there is the healing power. Hahnemann's *Arzneimittelchen* of Arsenic, Aconite, Belladonna, Nux vomica, Poison Sumach and fifty more has been demonstrating the fact for more than half a century, that the most virulent poisons are the most efficacious remedies. But if we would enjoy the life, and shun the death that God has joined in the same mineral and plant, we must dilute the poison, and diminish the dose, instead of lavishing *Conium* like poor Dr. Walker, in one hundred and fifty drops to our own destruction. Brown-Sequard must learn to fear those "stiffening doses" of strychnia in which he now glories (and surely poor Dr. Walker now lies *stiff* enough), and taking Nux Vomica into his own body in Hahnemann did, in safe infinitesimals, find out how unerringly to dispense life instead of death.

Before leaving Ottawa Dr. Lillie made a decillionth of Aconite in the presence of the society and tested it on six of the members. A few globules were put on the tongue, and the results were as follows:

The pulse of Dr. A. Warren rose at once from	92 to 104.
The pulse of Dr. Davis from	80 to 88.
The pulse of Dr. Heacock from	68 to 76.
The pulse of Dr. Anderson from	70 to 100.
The pulse of Dr. Dodge from	88 to 96.
The pulse of Dr. Gilley from	72 to 85.

THURSDAY, MAY 6th.

Convention met at Ludington House parlors, Dr. S. B. Anderson in the chair.

The following delegates to the Western Academy of Homœopathy to meet at Davenport, Iowa, were appointed: Dr. James Lillie, of Kansas and Dr. Hall, of St. Joe.

On motion Drs. Anna Warren and Louis Grasmuck, as delegates to American Institute of Homœopathy.

Board of Censors appointed: Drs. Anderson, Dodge and Davis.

Board of Directors: Drs. Warren, Heacock and Gilley.

Essayists: Drs. A. B. Stockham, J. H. G. Johnson and J. W. Jennings.

Here the meeting adjourned.

H. W. GILLEY, SEC'Y.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

THE MEDICAL PROFESSION, OLD SCHOOL.

*Dr. A. Sager's Letter to the President of the University of Michigan, resigning the Office of Dean of the Medical Faculty.**

BY T. S. GOODWIN, M. D.

Of all the malign inheritances that have descended to an enlightened age and to a Christian people from a pagan ancestry, none is more persistently inextinguishable than the Old School Medical Profession—not excepting war, monarchy, and Papal ecclesiasticism. But the time has passed in which one who possesses the ability to investigate the real merits of that hoary institution from a standpoint outside of its boundaries can longer forbear to do so, without incurring a measure of that “bloodguiltiness” from which the Psalmist David, when he was upon “the ragged edges,” prayed God to deliver him.

When Therapeutics and the Collateral Sciences were exclusively monopolized by the members of a single school, and that school was THE Medical Profession endowed with special privileges and governmental functions, and elevated to the rank of a permanent class grade, and fenced about with impenetrable secrecy (as when its home was in the temples of the Pagan gods)—when no one could gain access to its principles and methods, but by undergoing a personal transmutation that incorporated him as a constituent atom into the vital body of that privileged class (as lamb becomes lion by being eaten up, digested and absorbed into the vital tissues of the king of beasts)—then no one was blameworthy for not informing the victimized people that the regular medical profession was a murderous imposture, gotten up for the benefit of those who practised it, and for a collateral aid to the civil despotism and to the unutterably abominable religious mysteries that sprang with it from a common source. But these embarrassments and impossibilities, and this innocence of helpless ignorance have passed away (Prov. XXIV. 11, 12).

Two great modern facts characterize current American society. One of these is classless popular government: immature and mixed, it is true, but genuine in kind, vital, and growing towards perfection. The other is science in matters of society. Without science, society resolves itself into complex irritating personalities, louded with praise or blame. Within the realm of science are no personalities, no praise, no blame. Mind and manners, and character, are there regarded in the same cool, disinterested, philosophical light as physical development, and as coming into existence under the same inexorable reign of uniform law. In the above paragraph we do not blame Dr. Sager for resigning the Deanship, nor do we blame any or all the other members of the Medical Faculty, or of the Allopathic profession, inside or outside the Board of Regents, for anything they have done, or left undone, in this whole protracted controversy about admitting Homœopathy to the University, or in the three quarters of a century of virulent animosity with which they have endeavored to resist the admission and growth of any and every other system than their own throughout all civilized countries. We do not blame them any more than we blame the lamb that has become absorbed into the lion, and become vital with the lion's life, for catching other lambs and devouring them. They are only obeying the instincts and the necessities of that corporate vitality with which they have become instinct. A more natural, sincere, unmistakable exhibit of himself as a constituent atom,

* Observer for July, p. 385.

absorbed into the vital body of the Allopathic profession, could not well be made than that which the professor has presented both in his act of resignation, and in the reasons he assigns for the act. His faith in and devotion to this hideous excrescence of polytheism, as, dragon-like, it lies extended down through the centuries, the professor leaves us no room to doubt. He is himself a vital part of that which he so loves, and trusts, and dare not come in conflict with. And not only so, but he sincerely thinks the Universe would be into dire chaos hurled if by any means the Allopathic fraternity should be deprived of its ancient domination.

But two or three centuries have gone by since the regular medical profession, to which its members think the world owes so much, were prescribing the touch of a dead man's finger, to cure rheumatism, and the ashes of a snake's liver for a dangerous fever, and carrying on a world-wide concatenation of jugglery as bold as that. Why did they do so? Because their oracles told them so to do. Why have they abandoned this bold jugglery? Because the public intelligence revolts against it. Why have they at later periods killed tens of thousands of their trusting adherents by bloodletting, and have killed, and are now killing hundreds of thousands more with Calomel, Quinine, Opium, and other deadly drugs in deadly doses? Because their oracles told them thus to do. Why have they recently mitigated very much the amount of drugs they administer, especially among the better informed of their adherents? Because public intelligence, released somewhat from their dominion, and incipiently cultivated on the subject of disease and cure by schools of recent origin, compels them so to do.

The antipathy of Allopathists to Homœopathy would be less than it now is, were it not that Homœopathy renders possible, practicable, and to some degree inevitable, the popularizing of the Healing Art, and the elevating of laymen above that blind and stolid ignorance to which Allopathy is chiefly aimed and adapted to confine them.

Why have the "regular medical profession" always aimed to give the greatest amount of drugs which they could give without letting their patients know that they were killing them? Because their oracles so required. Why did their oracles so require? For three reasons. First, to glorify their Moloch, THE Profession, and make it terrible in the eyes of an ignorant and abused populace, who would be thereby deterred from meddling with drugs—would be thereby deterred from learning, knowing, or doing anything to maintain their own health, other have to send for the doctor and obey him blindly. Second, the largeness of the dose facilitates a speedy termination of uncured cases. Under the "bold" "heroic" dosing they cannot long survive to confront the baffled skill of the practitioner—no matter how limited that skill may be. Third, where there is a druggist both the costliness of the prescription and its terribleness go to sustain that collateral, whose chief function it is to magnify the profession, and mitigate its foibles in the public ear.

Is there no science in Old School Therapeutics? No more now than there was when a frenzied priestess from the tripod of a Pagan temple uttered oracles for the guidance of those who treated the sick. And were it not that the collateral sciences, which are common to all the schools, throw a halo and dignity about the ill-begotten Therapeutics (which is everything except their lineage, that is peculiar to the REGULAR profession), they would not be tolerated in a civilized community.

Are there not in the Allopathic profession men of superior intellect, great learning, upright heart, and uncommonly gifted by nature with genius for curing the sick? There certainly are such. And despite the feebleness and deformity entailed on them by their absorption into that hoary offspring of idolatry—despite the ill-adapted agencies with which they have been taught to operate—they sometimes cure a patient who would not sooner have gotten well, possibly would not have gotten well at all, without their ministering. And but for these it would be impossible to float the mass of murderous

mediocrity, composed of those who attempt to earn their living by obeying the oracles of the old school medical profession.

What, now, is the conclusion to which this whole argument brings us? It has been our aim that each several step of this brief presentation should have a practical import of its own. And we will remark that at the bottom of the whole lies the philosophical admission that the term organization, as applied to society, is not a merely figurative expression, but carries with it the idea (the fact) of vitality, alimentation and growth, as much in the social as in the physical organization. And our conclusion is that any vital organic institution of the origin, the antiquity and the kinship of the Old School Medical Profession, is of necessity a curse to any modern community that harbors it: and an overwhelming curse to any individual mind that has the misfortune to become absorbed into it from among an intelligent, self-governing people. That if said Medical profession could be absolutely annihilated, without an hour's notice, with all its oracles, its authorities, its literature, its traditions, its medicines and its methods; especially if this might be done and leave the worthier portion of its personal well rid of all that their idolized profession has conferred upon them; its utter exit would be the greatest of all the benefits it has conferred upon mankind: And the self-governing, self-protecting abilities of the average American would in six years supply a substitute incalculably better adapted to achieve its legitimate aims in a modern republican community, than was the pompous, hoary and half effete original which it would replace.

UNIVERSITY OF MICHIGAN.

At a meeting of the Southern Michigan Medical Association, held at Adrian, on July 13th, the steady plod of science and business, which had run very smoothly and progressed with great unanimity, was aroused to life, and the calm sea of debate was stirred by the introduction by Dr. Minchen, of Hudson, of a resolution expressing very strong dissatisfaction with the Regents of the University for establishing a chair of homœopathy in that institution. This brought Dr. Charles Rynd, one of the Regents, to his feet, and in his usual energetic and vigorous style he defended the action of the Regents.

He said he had an apology to offer for the action of the Regents, who in their course only placed themselves in harmony with the Legislature of the State. He said that if we were to have homœopathic physicians it were best they be educated ones. And in the course of his remarks the speaker, Doctor Rynd, uttered words that almost find place in the mind of every doctor of every school. He said he 'deplored their constant squibbling over *pathies*, claimed that true science did not recognize any sect or pathy as such, and that an educated man, possessing good common sense and an intuitive capacity for practicing medicine, would make a good physician and be useful to the sick, whatever might be his peculiar opinions on mooted questions. He considered the position of some members of the medical profession cowardly on this subject. True science was never cowardly—never feared competition, did not retreat in the face of opposition.' The same speaker said there was a homœopathic professor in the University of Edinburgh, one of the first medical schools in the world, and the faculty met with him, he was a part of them, and no one deserted his post of duty. The speaker concluded by appealing to his brethren to inculcate a spirit of toleration in consonance with the period in which we live.

Drs. Tucker and Wheeler spoke against the adoption of the resolution, the latter saying that if allopathy could not stand side by side with homœopathy in a fair, honorable trial, it might go down, and ought to.

Dr. Minchen advocated his resolution quite warmly, and a genuine right lively time was put in for outsiders, who had listened to a good deal they did not understand. This of the pathies they did understand, for all spoke in their native tongue. The whole discussion was, however, in first-rate good feeling. The resolution was tabled.

UNIVERSITY OF MICHIGAN.

LETTER FROM ONE OF THE NEWLY ELECTED PROFESSORS IN THE HOMŒOPATHIC COLLEGE.

From the Detroit Tribune, July 26th.

Through the courtesy of some inhabitant of your State I have this day received a copy of your issue of the 17th instant.

From your catholic-spirited editorial I learn how the press and the people regard the matter of "Homœopathy in the University;" and I am also informed in what a liberal manner the official bodies of the older school have met the action of the Regents.

Sir, to leave one's home, to forsake a grave wherein one's heart is, to vacate a "practice" endeared by trials, triumphs, and humility-reaching failures—often more precious than success—and all this to go among utter strangers as the representative of a despised medical minority are circumstances which make a man glad to hear of *such* an "Anglo-Saxon love of fair play" as your people have evinced.

One might, indeed, come among you strong in the simple consciousness of the truth he is to teach, but even such a strength is graciously reinforced by the assurance of that human sympathy which goes out to "the under dog in the fight."

But, Sir, while I am touched by this great heartedness, and made aware of a new obligation to sustain the good name of your University by earnest and honest work, I am also conscious of a more profound gratitude to the people of Michigan, for, by their sovereign will, I and all of my school are granted *that freedom in science which the genius of American liberty vouchsafes to ALL in religion*. The very radiance of Heaven shines on the page of history which records a deed like this, because right answers unto right as face unto face in the refiner's silver.

Glory alone is a spare diet, and I heartily rejoice that from this new movement the people of Michigan are to receive something far more substantial, namely: a more completely educated class of homœopathic physicians. In this assertion, Sir, I refer especially to the remarkable, I had almost written opportunity when the truth demands *necessity*, for the medical student to become "well up" in CHEMISTRY at the University of Michigan. No medical school in the United States affords such facilities, and in none of them is such stress laid upon the student's becoming decently proficient in this branch of the curriculum. And while I know that I am loyal to my school, I also know that this is the weak point in its educational course. This deficiency is all the more to be regretted in the homœopathic physician, because the resources of physiological chemistry will enable him to prove by physical demonstration not only the disease-curing but also the disease-producing power of the divided infinitesimal doses. And we covet *this* knowledge, not only for our own assurance, but for the sake of those other earnest physicians who now "see as in a glass darkly."

Permit me to close with the expression of the hope that the day is not far distant when the existing advantages of the University of Michigan for the medical student will be crowned by the addition of a physiological laboratory. Every year, Sir, the most promising graduates in medicine flock to continental universities to pursue there such recondite professional studies as may be carried out at home only under such disadvantages and such additional expense as serve to deter all save a very few of the most resolute. The mental culture of the American medical student compares flatteringly with that of any other, and if we have the material for first-class physicians, it is the best policy of the State to be even lavish in providing the means of elaborating it. I have known to my sorrow, and when all unable to aid, many a God-gifted poor student in whom

"chill penury repressed his noble rage."

If as gruff Sam. Johnson said, he is a benefactor who makes two blades

of grass grow when only one was produced before, what, then, is he who secures for the State two producers where now only one is gotten? I am led to this question by having just read last week's health-board report for New York city, and I know it is within the capabilities of the science and art of medicine to reduce the "Slaughter of the Innocents," to cut down the death rate of childhood and of adolescence. While too many of us are quarreling about our 'pathies these are dying—and is not every physician his brother's keeper?

Thankful for your good words, grateful for an humble workman's place in your University, I am,

Sincerely yours,

SAMUEL A. JONES.

ENGLEWOOD, N. J., July 21, 1875.

Editors "*Detroit Tribune*" thus refer to the above letter: "We publish in another column a letter from Dr. Samuel A. Jones, of Englewood, N. J., one of the recently elected professors of homœopathy in the State University, and the gentleman who has been selected (we understand) to act as the Dean of the new department. It will be read with general interest, and its earnest, pacific, and appreciative tone will be noted with pleasure."

REPLY BY DR. HALE

To Dr. Jones' Criticism on page 418.

My reply to the indecent, uncalled-for, and unwarranted criticism, is the publication of the following extract from my second volume, to which I will add a few remarks:

"When the First Volume was in course of preparation, a few of my colleagues suggested that I should pursue the plan adopted in the first two editions, namely: giving the day-books of the provers, and the authority for each symptom. After due consideration and consultation it was decided that such a plan was not necessary or desirable. The scope and purpose of the volume did not require it, for it was not intended as a *general*, but a *special* Symptomatology. In this volume, in my mention of each remedy, I have generally given its pathogenetic history, names of provers, etc. Moreover, Allen's Encyclopædia of Materia Medica, now in course of publication, renders the citing of every authority altogether superfluous. Those who have any desire to ascertain the paternity, or investigate the original sources of my pathogenetic-characteristic symptoms, are respectfully referred to the above mentioned work, wherein they are generally given with much accuracy. The few instances where I have appended the names of physicians to symptoms in Vol. I were inadvertencies; for it was not my intention to give any authority, except for some peculiar curative symptom, or indication, or for some very recent proving. I trust this explanation will serve as sufficient apology for any apparent omission or neglect in acknowledging my indebtedness to the many authorities from whom I have drawn."

If Dr. Jones had waited until the second volume was placed in his hands, as he should have done, he might have been less discourteous.

Dr. Jones—as is well known to a portion of our school—has a monomania which impels him to attack every man who does not credit every authority in the literature with the symptoms which they have elicited by provings. I have explained why I did not credit every authority, at the same time I deny the right of any critic to abuse me for *not* giving authorities.

The custom is absurd, and has become distasteful to the profession. After a proving has once been published, with the prover's name, it ever after becomes the common property of the profession. This is simply the case in all the arts and sciences, and should be so in medicine. Who that writes a text-book on chemistry or physiology, tacks upon each *fact* the name of the original discoverer?

The proposition to attach the name of the prover to every symptom *for all time*, is too absurd to entertain for a moment. Suppose that one hundred years from now an author of a text-book on *Materia Medica* should put down as follows:

"Aching in the left mastoid process."—(*Jones.*)

"Twitching of the left eye."—(*Brown.*)

"Tingling in the left little toe."—(*Robinson.*)

And so on *ad infinitum*! Moreover, Hahnemann did not think it necessary to quote every prover from whom he drew his material for his *Mat. Med. Pura.* or *Chronic Diseases*. Jahr did not think it necessary. Lippe did not give a single authority in his text-book. Yet their works were never criticized, nor their authors abused for such omission.

I have said enough to show the injustice of Dr. Jones' attack. I do not propose to make public the *animus* which impelled him to write such a disgraceful criticism. It will do him more injury than it can possibly do the book or its author.

HALE.

CRITICISMS.—The present number commences with an article of the most practical character by our esteemed colleague, Dr. Bushrod W. James, on "*Recent Instruments*"; then follows a number of Criticisms which will measure from sharp to sharpest, if not from hypercriticism to vivisection. With the thermometer above fever heat, it is no use to tell our friends to keep *cool*: and when we believe that the severest have at heart the love of the truth for its own sake, we do not hesitate to let them be heard in their own style, however much it may seem objectionable. Dr. Orme criticizes our methods of proving; Dr. Jones tells us of the omissions of Dr. Allen; Dr. Lillie shows up the ignorance of Brown-Sequard; Dr. Goodwin scores Dr. Sager's bigotry; Dr. Jones cuts up Dr. Hale's book, not sparing its author; and Dr. Hale replies to Dr. Jones. Surely enough for August!

E. A. L.

GRAND RAPIDS, MICHIGAN—IONIA, July 15, 1875.

Have just returned from Grand Rapids. That city has been well attended to in the "*Homœopathic Line*" during the last year, having more than doubled its numbers (in doctors). There are twenty Homœopaths in the field at present, the best represented of any city in the State, per capita. Here they are: Drs. Hempel, Botsford, Sr., and Botsford, Jr., brothers; Hunt, Bissell, Cummings, Whitfield, Sr., and Whitfield, Jr., brothers; Prindle, Craig, of Niles; Mrs. Butts, Lathrop, Stephenson and brother, Webster, Williams, Brigham, of Vt., St. Clair, Eason and Houghton; and one allopath commenced investigating Homœopathy this week. Hurrah!

Very truly yours,

H. C. ALLEN.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

NASAL CATARRH.

BY F. SEEGER, M. D., OF NEW YORK CITY.

A pamphlet, entitled "*The Nasal Douche; what it accomplishes and what it does not*," by B. Robinson, M. D., has suggested to me the propriety of giving publicity to a few remarks on this vexed disease. In the summer of 1874 I commenced a monograph on this disease, and continued its preparation until the fall, when, in consequence of the return of patients from watering places, the increase in active professional work made it impossible for me to continue its preparation. During the coming summer I shall be enabled to continue it, and therein to make public my observations as to the character and *curability* of the disease. The object of the present paper is simply to draw attention to a few points in the pamphlet alluded to, and, in connection therewith, to, in brief, explain my own views and the results of my observation and experience. During the past four or five years the practice of my speciality has afforded me greater opportunities for the study of nasal catarrh than is afforded to the general practitioner.

The pamphlet in question opens with a reference to the observations of Roosa, Moos, Knapp and other specialists, as to "the evil effects upon the organ of hearing which may and do result from the use of Weber's douche, in applying medicated solutions to the mucous lining of the nasal passages. Since that time its employment has been more restricted."

Many of the profession, in consequence, abandoned it entirely, and became strong opponents to its use, among them being Dr. Roosa. Others believed that certain rules in its use were a guard against pernicious effects, being loath to abandon a method which seemed to effect the desirable and important labor of thoroughly cleansing the nasal mucous membrane, and, at the same time, bringing the medicinal agents directly to the diseased parts.

In the first annual report of the Northeastern Homœopathic Dispensary, of New York City, October 1st, 1869, I drew attention to the fact of its having been adopted as a mode of treatment. At that time I had not had an opportunity of observing its effects with that care and thoroughness necessary to an intelligent opinion. But in the next six months following the date of that report, some sixty or seventy cases of the disease came under observation. To sum up, my experience was so unsatisfactory that I abandoned its use, and from that time until the year 1872 I treated my cases simply with internal remedies and various solutions which

the patient applied in the nose with his little finger; one of the chief solutions so employed consisted of a mixture of Carbolic Acid, Sanguinaria and Glycerine. The oily character of the Glycerine enabled the little finger to be passed for some little distance up and into the nose. In a lecture before the class of students at the Hahnemann Hospital Clinical School, session of 1871-2, attention was fully drawn to this plan. In the summer of 1872 I first pursued the study of *Inhalatory Therapeutics* with that earnestness and zeal which its importance deserves, and, as a result, I have succeeded in developing a method of treatment which, in the majority of cases of catarrh, will effect *cure*.

My abandonment of the nasal douche in 1870 was owing to the fact that I felt satisfied that it did not effect that thorough cleansing which had been so loudly and persistently proclaimed, and in the pamphlet of Dr. Robinson I am pleased to see that he accords in this view. He says: "The nasal douche *does not*, in our estimation, do what it purports to do, viz., cleanse thoroughly the nasal passage and naso-pharyngeal cavity, but in reality leaves a considerable space untouched by its action. If such be the case, those members of the profession who gave up its use with reluctance need at present have no regrets."

The writer of the pamphlet in question then undertakes to demonstrate how and why it is that the column of water from the douche does not do what has been claimed. I shall not stop to reproduce his views, but any one not fully convinced can become so by a patient investigation.

Dr. Robinson goes on to say: "We do not believe, therefore, for our part, that either the vault of the pharynx, the superior and middle turbinated bones, or the superior meatus, are cleansed at all by the nasal douche. True it is that a great deal of inspissated mucus, hard crusts, and soft, fetid secretions are frequently brought away, and we were disposed, for a long while, to console ourselves with the belief that the nasal cavities were effectually rinsed at the termination of each operation. Experience, however, has taught us the fallacy of such a belief, and now that we inspect the nares, anteriorly, after one of these washings, and, what is still better, make a rhinoscopic examination posteriorly where it is possible, we find at times there still remains at the top of the pharynx, or around and contained in the posterior openings of the nose, strings of viscid mucus which have been left untouched. Whenever this proof is wanting we shall have to consider the striking clinical fact of a crust or large muscle-shaped bit of mucus being expelled from the nose after what we inferred wrongly had been a most complete cleansing. * * * Whilst much of the irritating and concrete mucus is thus got rid of, a certain amount remains behind, and, by the morbid alterations which it assumes, is the source of further disease, or, at all events, by its constant contact with parts already diseased, protracts, or renders impossible, the return of these latter to their normal state."

Dr. Robinson closes with the remarks that "it becomes the duty of every practitioner of medicine, and not merely of the specialist in diseases of the throat and nose, to know how this last mentioned and other affections may be treated prudently and efficaciously; and true it is, unfortunately, the treatment of them has been hitherto unsatisfactory. So much is this the rule, in point of fact, that already, amongst unprofessional persons, 'catarrh' is classed with other 'approbria medicorum.'

"May not the secret of this lack of successful therapeutics be found in the statement, we ask, that thus far no instrument has come into *general* use, which meets the one evidently essential indication in the treatment of every case, viz., to thoroughly cleanse the *entire* nasal cavities."

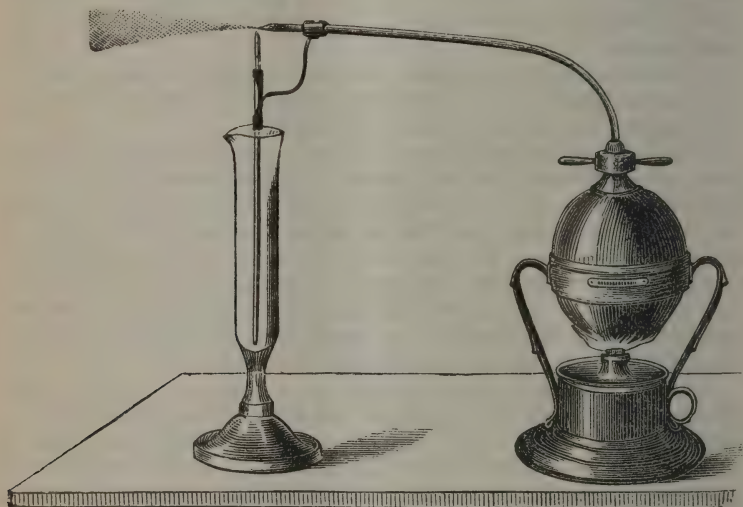
It is this last passage in Dr. Robinson's pamphlet which has incited me to this article. A full and complete exposition of my views will, however, be reserved for my monograph.

There can be no questioning the fact that to render the treatment of catarrh rapid and successful *it is a most* essential feature to effect frequent and thorough cleansing of the nasal mucous surface. Dr. Robinson admits that thus far neither he, nor any one else of whom he knows, nor any plan with which he is acquainted, meets this indication. Furthermore, the only method thus far attempted viz., by the nasal douche, is not only a failure, but is, furthermore, dangerous, from its possibility of giving rise to disease in the ear, thus adding to the patient's misery and troubles.

What I propose to show in these few remarks is, that this great essential can be met by the proper and intelligent application of inhalatory therapeutics. By this method which I have now applied, and successfully so since 1872, I am enabled to cure the majority of my cases in an average time of three or four months. It is, of course, to be understood that the curability and time required varies with the case.

No matter what the form or the character, whether ulcerative or non-ulcerative, whether a hypertrophic condition of the mucous membrane is the principal condition, or be the condition what it may, it is in all forms requisite to effect the removal of the morbid mucus accumulations. To accomplish this I administer inhalations (through the nose) as frequently as I may deem indicated. In some cases daily inhalations are required; in others, every second day; but, in all cases, I make it a rule to give inhalations at least twice a week. For office purposes, the apparatus of Lewin is about the most handy, as well as effective, that can be used. Its use is also rapidly learned by the patients themselves, who thus are enabled to take the inhalations at home. This latter is no small item, especially in the practice of a specialist, who may have a number of patients waiting their turn. Each inhalation requires from fifteen to twenty minutes, and an additional five minutes must be added for time necessary to "get up steam." It is also comparatively inexpensive. They can at

present be purchased for about five dollars. When first imported they were sold as high as fifteen dollars. For a general practitioner, however, who desires an apparatus to be used by himself for general purposes—outdoor as well as office—my apparatus, as described in the January number of the *OBSERVER*, will be found the most convenient. A full and complete description of the apparatus of Lewin may be found in Lewin's work (*Die Inhalations Therapie*) on Inhalatory Therapeutics. He gives it the name of *steam hydrokonion*. I prefer to use the name steam nebulizer, as being more intelligible to the majority of persons. The accompanying wood cut will give a



F. G. OTTO & SONS, SURGICAL INSTRUMENTS, 64 CHATHAM STREET, N. Y.

sufficiently clear idea of this apparatus. If, now, the inhalations are administered in the proper manner, and are continued at each sitting until, a thorough removal of the mucus accumulations has been effected, one of the chief indications is met. It will be asked, Do these inhalations really accomplish this? I answer in the affirmative. The steam nebulæ, when inhaled in the proper manner, has the great advantage over the heavy solid stream of the douche, that it is able to penetrate into the nasal cavity in all its parts. The column of water of the douche being in a heavy solid form seeks a level, and that level is the floor of the nasal cavity. It may be asked whether the stream of water from the douche does not by its "rush" tend to fill the cavity; or again, whether a swollen, hypertrophied condition may not force the water to fill the cavity; or whether the mucus accumulations may not do the same. Dr. Robinson has studied out this matter very clearly, and we can do no better than use his own words. He says: "We put aside, temporarily, without considering them, those cases in which the passages are so much obstructed by

the swollen and infiltrated condition of the mucous membrane, or, from some other cause, that the stream either *cannot* pass, or flows slowly and imperfectly ; and we would draw attention to the following propositions :

“ 1. Inasmuch as in the majority of cases the column of water escapes in equal volume, and with as great force and rapidity as the entering jet, how can the passages be flooded?

“ 2. Water naturally seeks its level, and when it can pass freely around the posterior border of the nasal septum, how can it be made evident that it goes so far upward as the vault of the pharynx, or penetrates to the depth of the nasal cavities?

“ 3. We must remember that, in using the douche, the patient is told to bend his head over a basin or receptacle for containing the issuing liquid. The floor of the nasal passages thus becomes a plane inclined forwards and downwards, and the medicated solution employed has, by the mere force of gravity, an impelling tendency to go around the septum narium, and flow out by the lower meatus.

“ We may now return to the cases where the passages are greatly obstructed ; and, first, we question whether—and though the calibre of the stream be sufficient to fill up one of the anterior openings of the nares, and be used under the condition of hydrostatic pressure ordinarily employed with the douche—whether, we say, in like cases the remaining portion of the side of the nasal cavities by which the stream of liquid flows in would be entirely filled. When we penetrate a short distance into these cavities, their dimensions are greater in the different diameters than those of the anterior nares, and with similar calibre of orifice of exit to orifice of entrance, both being placed on the same level, the liquid must take the shortest and most direct road towards the opening of escape outwards.

“ If, however, the force and rapidity of the current be very great, and if, owing to excess of obstruction on the opposite side of the entering fluid, this latter cannot so quickly leave the nasal passages as it flows into them, one side, at least, of these cavities, may be entirely filled with liquid ; but, even in that case, it would only be during a few seconds.

“ For, admitting the possibility of the case supposed, is it not apparent that the subjective sensations of the patient would become so unpleasant, or the pressure in the nasal cavities and naso-pharyngeal space be such that the soft palate would give way almost immediately.

“ Some liquid would then pass into the stomach by an effort of deglutition, or else, owing to confused breathing, get into the larynx and produce a violent paroxysm of cough. In the last mentioned event, the whole of the inflowing liquid would be violently rejected through the mouth and nose, whilst the operation itself would of necessity be suddenly interrupted.”

I have chosen to give Dr. Robinson's conclusion *in extenso*, and to use his words. By doing so, my own conclusions as to the effect-

iveness of inhalatory treatment will derive the greater force, than if I had chosen to express the conclusions of the writer quoted in language of my own. I may be allowed to state that I have held the views of the writer alluded to long ere the publication of his pamphlet.

And now to recur to the question as to whether the steam nebulae is able to penetrate into the nasal cavities and accomplish the thorough cleansing to be desired. I have already answered this in the affirmative, and shall endeavor to advance such further facts as will substantiate my position. In the first place, we must bear in mind that the nebulae or vapor, being in a fine state of subdivision, presents advantages of penetration which the solid stream of the douche does not. It may be urged that the involved form of the nasal passages will catch the vapor and condense it ere it has fully reached all of the parts. We have seen that the passages are narrowest and smallest in front, and more spacious further back, so that the main obstructions to the free penetration would be to the first entrance. This once passed, the vapor would have but little difficulty. But it may be urged that the vapor, in consequence of the obstructions it has passed, by the time it reaches the more spacious parts has become so much condensed and so heavy that the upper parts—the vault of the pharynx, the superior and middle turbinated bones, or the superior meatus—derive no benefit. To satisfy myself on this point, I placed a *papier mache* model before one of my Lewin's apparatus, and allowed the vapor to enter the nose of the model. The vapor penetrated freely and readily, and in all the parts of the nose, and rushed out at the back of the model, which I had purposely left open. To make the experiment as complete as possible, I then had a glass piece constructed to close the back of the model. The glass piece represented the vault and back of the pharynx. Placing it in position, and then permitting the nebulae to again enter the nose of the model, I clearly saw it penetrating *all the parts*, and, passing through them, fill the pharyngeal vault, and there condense. It may be urged that these experiments are of a negative character, and that the conditions between a paper model and the human head are different. My conclusions do not support such an objection. If anything, the conditions for penetration are more favorable in the human nose than in that of a model. In the first place, the temperature in the human nose is higher, and, therefore, less favorable to condensation than in that of the model. Again, the entrance and penetration of the nebulae can be greatly aided by the way in which the patient inspires the vapor. In the model we have no such aid.

Another objection will be urged with regard to the mucus accumulations being a bar to the play of the vapor, but this objection has no foundation whatever, and I shall therefore not stop to point out its fallacy. A single trial of the vapor will suffice to demonstrate the correctness of my position.

According to my observations and experiments, the vapor penetrates the nasal passages, filling them in all the parts, and finally, by the time it strikes the pharyngeal wall, it there becomes condensed, and this condensation is a natural consequence of the vapor so becoming impinged. It then runs down into the mouth and is expectorated. The inhalation of a high-colored solution of the Bichromate of Potash, or of any colored solution, will demonstrate its passage, in consequence of the expectorated matter becoming tinged by the solution so used.

It remains now to briefly state the agents used by me through the steam nebulizer. These are Salt, Bichromate and Iodide of Potassæ, Lugols Solution, Alum, Tannin, Argenti Nitras, Permang. of Potash, Hydrastis, Extractum Pinus Canadensis. Among internal remedies used I may name Kali Bichrom., Kali Iodid., Arsenic, Silicia, Calc. Iod., Merc. Protiodid., Sulphur, Spigelia, Merc. Corrosivus, Pulsatilla, etc.

A further, more detailed description of my method of treating catarrh cases must be reserved for the paper which I have in course of preparation. I simply wished for the present to call attention to the value of inhalations in this disease, and trust that others will be induced to give it the trial it deserves.

One word more as to the snuffing up of salt and water, or witch hazel and water, or solutions of any kind, in fact. After what has been said above, it must be evident that this plan can have but little effect toward cure.

It is but proper that I should return thanks to Otto & Sons for their ready courtesy in supplying the illustration for this article.

718 Lexington avenue, New York City.

ON PLUGGING OF THE NOSTRILS.—At a recent sitting of the Medicinische Doctoren-Collegium of Vienna, Dr. Englisch exhibited an apparatus for plugging the nostrils (*Allgemeine Wiener Medizinische Zeitung*, 1875, p. 191.) (*London Medical Record*.) This is an improved form of Kuchenmeister's rhineurynthor, which consists in a caoutchouc tube about twenty centimetres in length, provided at one extremity with an elastic ball one centimetre and a quarter in length, and one centimetre and a half in breadth. The tube and the empty and collapsed ball are to be passed into the nostril on a conductor, and the latter pushed far backwards into the pharyngo-nasal cavity. The ball, having been distended by injected water, is pulled forwards by traction in the tube, so as to occupy the posterior part of the nostril in the same manner as the plug of lint or charpie applied in the ordinary way of Belloc's instrument. The use of this apparatus has not always been attended with success, and the failure is thus explained by Dr. Englisch. The ball, which becomes quite round when distended by water, does not press equally on all parts of the walls surrounding the posterior orifice of the nostril, and interspaces are left through which there is a free flow of blood. In order that this posterior orifice may be completely closed, it is necessary that the plug press

equally on all parts of the surrounding walls. This the ball of Kuchenmeister's instrument does not effect; and it is stated, as a further objection to its use, that there is a tendency for it to fall backwards into the pharyngeal cavity. The apparatus devised by Dr. Englisch consists of two caoutchouc balls mounted by a piece of elastic tubing. To the lower extremity of the lower or anterior ball is fixed a second piece of tubing, through which water may be injected. The upper ball is intended to be pushed to the back part of the nostril, so as to act as a posterior plug. The lower ball remains at the external nasal orifice, and completely closes that when water has been injected. The tube connecting the two balls is short, so that the posterior plug cannot project far beyond the margins of the posterior orifice of the nasal cavity. Dr. Englisch insists on the coats of this connecting tube being made of some firm and tough though flexible material. The posterior ball is flask-shaped, and its walls are thicker than those of the anterior or lower ball. Dr. Englisch states that the introduction of this apparatus is not attended with any difficulty.

THE ENDOSCOPE.

In a paper read before the Gesellschaft der Aerzte of Vienna, and reported in the *Allgemeine Wiener Medicinische Zeitung*, p. 192 (*London Medical Record*), Dr. Jurié endeavors to show that the endoscope, although not to be rejected altogether as an useless instrument, has hitherto failed to do such service as was at first expected from it. He states that it is difficult, if not impossible, to examine with the endoscope every portion of the urethra, and that he has never been able to obtain a sight of the caput gallinaginis. It is equally difficult, whether with a straight or a curved instrument, to see every part of the inner surface of the bladder. In cases of disease of the bladder an examination of the mucous surface may be rendered impossible by turbidness of the urine. It is evident that the endoscope can do no service in cases of acute inflammatory affections of the bladder or urethra, since under such conditions the introduction of any instrument would hardly be justifiable. In those rare cases of valvular fold at the neck of the bladder causing impeded and difficult micturition, the endoscope can give little if any help in the diagnosis, as the fold is pushed backwards by the point of the instrument so as to be closely in contact with the inner surface of the bladder. Foreign bodies in the bladder are not in all cases to be discovered, even on close and skillful endoscopic examination. According to the author, the size, form and situation of an impacted foreign body can always be well made out by placing a strong light behind the slightly transparent penis. In cases of stricture the endoscope can afford but very little help; the anterior surface of the stricture may indeed be seen; no lumen, however, is to be observed, but merely folds of mucous membrane, the arrangement of which might possibly indicate the point for the introduction of a small catheter or sound.

The endoscope is of real service in the treatment of chronic inflammation, ulceration, and a granular condition of the mucous membrane of the urethra, when it is necessary to apply to the affected spot some caustic agent which it would be prejudicial to bring into contact with the whole urethral surface. In cases of disease of the prostate, the introduction of the endoscope is very difficult, and no good can be derived from it. One cannot diagnose papillomatous and cancerous growths of the bladder by means of the endoscope, as the introduction of this or of any other instrument causes hæmorrhage and turbidness of urine.

Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

Continued from page 369, July 1875.

This remedy is especially indicated when the above symptoms are unrelieved by Aconite or Belladonna.

Coffea cruda. Wakefulness at night; great nervousness and exaltation of the senses; heat in the head and face, flushed face and cold feet; bleeding from the nose; buzzing in the ears; diarrhoea.

Coffea is well suited to infantile cases of cerebral congestion, especially when caused by teething or diarrhoea.

Gelsemium sempervirens. * Headache, extending from occiput to root of nose, dull, pressive and stupefying; vertigo; dimness of vision; roaring in the ears; diplopia; amaurosis; sensitiveness to light; depression of spirits alternating with mirthfulness; incoherency of thought, drowsiness, or its opposite, morbid vigilance.

Gelsemium is an efficient remedy in cerebral congestion caused by teething, mental excitement, sunstroke and catamenial suppression.

Mercurius. Sensation of great pressure and fullness in the head, as though it would burst; feeling as though the brain was compressed by an iron band; great anguish and restlessness, especially at night; pains in the head of a boring, tearing, shooting character; lachrymation and burning of the eyes; buzzing in the ears, with hardness of hearing; vertigo.

Mercurius is particularly applicable to rheumatic, arthritic and syphilitic cases.

Nux Vomica. Cephalalgia, with nausea and vomiting; heaviness and confusion of the head; soporose condition, with

* See *American Hom. Observer*, vol. ii., p. 164.

a tendency to apoplexy, or the opposite condition of wakefulness; burning of the eyes; intolerance of light, especially in the morning; altered vision; ringing and roaring in the ears; vertiginous intoxication and cloudiness. Symptoms aggravated by eating, exercising in the open air, and by coffee.

Nux vomica is particularly suitable in such cerebral congestions as are caused by excessive mental labor, by the habitual use of intoxicating liquors, and by sedentary modes of life.

Opium. Coma, with apoplectic symptoms; stertorous breathing, confusion of the intellect, and sense of heaviness and pressure within the head, or the opposite condition of sleeplessness, with delirium, throbbing of the cerebral arteries, redness of the face, scintillations before the eyes, humming in the ears, spasms, convulsions and paralysis.

Opium is particularly indicated in those cases of cerebral hyperæmia characterized by symptoms of depression, such as stupor, stertorous breathing, slow pulse, slow respiratory movement, and dark, livid redness of the face, with coldness and paleness of the rest of the body. It is also particularly useful in congestions caused by fright or debauchery.

Pulsatilla. Drowsiness in the daytime, and sleeplessness and great restlessness at night; vertigo; confusion of the head; oppressive, beating headache; red, bloated face; fiery circles before the eyes; diplopia; buzzing in the ears; bitter, bilious taste in the mouth; nausea and vomiting.

Pulsatilla is most suitable to cases of cerebral congestion occurring in young females, especially when caused by derangement of the catamenia. It is also well adapted to cases occasioned or aggravated by a disordered stomach, or by a bilious condition of the system.

Rhus tox. Heavy, reeling headache; shaking or wavering sensation in the brain, especially when walking, vertigo when lying down; red and burning, or pale and puffy face; drowsiness in the daytime and restlessness at night.

This remedy is applicable to such cases as arise from, or are associated with acute articular rheumatism, and also to cases caused by exposure to cold, or to getting wet and chilled.

Veratrum viride. * Violent throbbing headache, heat and fullness in the head, with throbbing of the cerebral vessels, throbbing of the carotids, vertigo, flushed face, ringing in the ears, double vision, sensitiveness to light and sound, derangement of the stomach, palpitation of the heart, oppression of breathing, weakness and diminished sensation in the limbs, with spasms and tendency to paralysis.

Veratrum vir. is one of the most powerful and efficient remedies for cerebral congestion, but nevertheless it requires to be used low to be effective. Its sphere of usefulness is similar to that of *Belladonna*.

DIET AND REGIMEN. The diet should be plain and unstimulating; hence, every form of animal food, rich, or high-seasoned dishes, coffee, and other stimulating drinks, should be carefully avoided. Moderation in eating and drinking, with regular habits, out-door exercise, bathing, early rising and cheerfulness, will facilitate recovery, and, so far as practicable, should be observed in all cases.

For other remedies which may sometimes be found suitable, see the following table; also consult the therapeutic indications and tables under the head of *Cephalalgia*.

VERTIGO—STUPOR—INSOMNIA.

These morbid phenomena of the brain are frequently merely isolated symptoms, depending upon cerebral conditions the pathology of which it is not always easy to settle, yet it is often of the greatest importance to do so. We shall endeavor in this article to point out the chief diagnostic signs by which the several conditions in question may generally be satisfactorily determined.

I. *Vertigo*, or *giddiness*, like *cephalalgia*, is generally symptomatic of some affection of the brain or its membranes, of which it is sometimes the chief indication; at other times it is associated with disorder of the stomach, or with other

SYMPTOMS, of which the following are the most prominent: headache, more or less violent, in the temples and fore-

* See *American Hom. Observer*, vol. vii., p. 55.

head, aggravated by stooping, coughing, and mental exercise; buzzing or roaring in the ears, vanishing of the senses, oppression of breathing, nausea, indigestion, constipation, pulsation of the vessels of the head and neck, anxious expression of the countenance, which is pale and bloated or red and turgid, drowsiness during the day, and interrupted and unrefreshing sleep at night.

DIAGNOSIS. *Anæmic vertigo* generally attacks the patient in the morning, is aggravated by exercise, especially in the open air, and is benefited by rest, particularly in the recumbent position, and by food and stimulants. *Hyperæmic vertigo*, on the other hand, seldom occurs in the morning, is often ameliorated by persevering exercise and is increased by mental labor, stimulating food and drinks, and the recumbent position.

ETIOLOGY. * The predisposing causes of anæmic vertigo are: mechanical obstructions, contraction or spasm of the cerebral vessels and organs, loss of animal fluids, etc. The chief predisposing cause of hyperæmic vertigo, on the contrary, is a plethoric condition of the system, with a redundancy of blood in the cerebral vessels. The exciting causes are: over-indulgence in eating and drinking, the free use of spirituous and malt liquors, coffee, and other stimulating beverages, excessive mental exercise, grief, indulgence of the passions, sedentary occupations, etc.

TREATMENT. This, of course, should correspond with the pathological condition of the cerebral vessels, and is therefore identical with that for *Anæmia and Hyperæmia of the Brain* (which see); consult also Table XII., and the several diseases of which this is a characteristic symptom.

DIET AND REGIMEN. In anæmic vertigo we should prescribe a nourishing diet, moderately stimulating drinks, and mental and bodily repose; while in hyperæmic vertigo, the patient should rise early, take daily exercise in the open air, make free use of the flesh brush, observe regular habits, live

* See *American Hom. Observer*, vol. viii., p. 284 *et seq.*

sparingly, and carefully abstain from the use of every kind of stimulant.

2. **Stupor**, or *morbid drowsiness*, is a condition of the brain which closely resembles natural sleep, but differs from it in being far less under the control of the patient's will. It is of every degree of intensity, from slight drowsiness to complete *coma*, in which consciousness is entirely lost. Pressure upon the cerebral substance always produces it, and hence it is generally referred to that cause; but careful investigation shows that, like vertigo, it may depend upon exactly opposite pathological conditions, being found associated with both depression and exaltation of the cerebral functions—that is to say, with both anæmia and hyperæmia of the brain and its membranes; hence, the diagnosis, etiology and treatment of this condition are similar to those of the affection just described.

3. **Insomnia**, or *sleeplessness* generally results from irritation or over-excitement of the brain, and, as we have seen, is a prominent symptom of the hyperæmic condition of that organ. Certain stimulants, such as coffee and tea, exciting news, joy, hope, etc., are sufficient to produce it in some individuals; while the sudden withdrawal of alcoholic stimulants to which the patient has long been accustomed, furnishes a striking example of its occasional dependence upon the opposite condition of nervous and vascular depression. The same symptom is also frequently observed in cases of great general debility, where depression rather than exaltation of the cerebral functions is the apparent cause. Insomnia, therefore, requires similar discrimination in treatment to that required for vertigo and stupor; indeed, there is in these affections such a striking resemblance to each other in their pathological conditions, as well as in their causes and associated symptoms, that notwithstanding the opposite character of the effects, the treatment required for each is similar and often identical. * See *Cephalalgia, Cerebral Anæmia and Hyperæmia*, and the corresponding tables.

* See *American Hom. Observer*, vol. iii., p. 474.

CEPHALALGIA—HEADACHE.

Headache is seldom an independent affection, but is generally symptomatic of some other disease. Sometimes it depends upon derangement of the stomach, constituting what is called *sick headache*; at others it is associated with hepatic disorder, constituting *bilious headache*; and at others, it is symptomatic of some intestinal, renal, uterine, cerebral or spinal affection. The most opposite conditions of the circulation produce it, such as active and passive congestion, anæmia, or plethora. So, also, it may depend upon nervous irritation, or nervous depression. Sudden cold, suppressed eruptions, severe mental labor, excess in eating and drinking, rheumatism and gout, determination of blood to the head, and external injuries, are among the more common causes of the affection, and require to be considered in the treatment. Errors of diet, also, frequently produce it, as well as the various mental emotions, such as anger, grief, fright, anxiety, chagrin, and even joy itself. There are also nervous and hysterical headaches, which are frequently symptomatic of uterine derangement; but these are sometimes dependent only upon functional disorder of the nervous system.

TREATMENT. Most headaches may be readily cured by the removal of the cause, and by quietude. Thus, if caused by watching or by mental labor, simple rest is all that is required. If caused by a derangement of the stomach, abstinence from food for a short period will relieve it. So, also, if coffee, beer, wine, or other drink, is the exciting cause, of course it should be laid aside, or medicine will do but little good.

THERAPEUTIC INDICATIONS.*

Aconite. Compressive and stupefying pains, with a sensation of fullness and heaviness in the head; throbbing and piercing pains in the forehead and temples, congestive headache, with heat and redness of the face, ringing in the ears,

* See *American Hom. Observer*, vol. viii., p. 33, *et seq.*

and redness, smarting or burning of the eyes ; vertigo, with nausea, especially when stooping, suddenly rising, or moving the head ; determination of blood to the head, with throbbing of the vessels of the neck, rapid pulse, and burning heat of the face and scalp. Aggravation of the pains from movement ; amelioration in the open air.

Aconite is a useful remedy for catarrhal, rheumatic and nervous headaches, also for those arising from determination of blood to the head. (*Cerebral Congestion.*)

Belladonna. Intense pain in the forehead ; feeling of fullness and pressure in the head, as though it would burst ; violent throbbing and sensation of fluctuation within the head, lacerating pains over the eyebrows ; undulating shocks, extending from before backwards, and to either side ; heaviness of the head, producing a feeling of intoxication ; rush of blood to the head, with beating of the carotids, redness of the eyes, and buzzing in the ears ; excessive sensibility to light and noise or clouded vision, with vertigo. (*Congestive Headache.*) Aggravation of the symptoms by stooping ; partial relief by lying down.

Belladonna is particularly applicable to cases of congestive, catarrhal and arthritic headaches, especially when occurring in females, and persons of highly sensitive organizations.

Bryonia. Burning, beating headache, especially in the morning and after meals ; rush of blood to the head, with feeling of compression, darting pains in the head, especially on one side ; jerking, shooting and drawing pains through the head, sometimes with nausea or vomiting ; pain in both temples, with pressure from within outwards ; heat and congestion in the head ; with soreness of the scalp, aggravation by movement.

Bryonia is most useful in those cases in which constipation is the principal cause of the headache.

Calcarea carb. Semi-lateral headache, with nausea and eructations ; throbbing, beating, or pressing pains in one side of the head, or in the forehead ; drawing, cramp-like pain in the top of the head, with coldness of the forehead, headache

every morning ; aggravation by study, spirits, exercise, and mental emotion.

Especially suited to scrofulous subjects.

Chamomilla. Oppressive, drawing headache in one side, with redness of one cheek and paleness of the other ; dull, heavy, throbbing headache, with hot perspiration of the scalp ; nervous and hysteric headaches ; also, headaches caused by cold, or associated with catarrhal affections.

Especially adapted to irritable children.

China. Lacerating, darting, cutting, hammering, congestive headaches, especially when caused by debility, or by loss of fluids ; hemicrania, with soreness of the scalp ; aggravated by drafts of air, movement, or contact.

Cimicifuga. Throbbing and pressing pains in all parts of the head, especially the occiput and vertex, and generally associated with pain in the back and along the spine ; feeling of extreme fullness within the cranium, as though the skull would burst.

Adapted to weak, nervous, hysterical females, especially when the catamenia are deranged ; also, to headaches caused by a debauch, or by excessive study.

Glonoine. * Throbbing headache in the forehead, vertex and occiput ; stitching pains in the temples, headaches arising from suppression of the menses, from exposure to the sun, or from rush of blood to the head, especially when characterized by redness of the face and eyes.

Ignatia. Paroxysmal headache of a congestive character ; beating, hammering, or pulsating headache, attended by nausea, obscurity of vision, photophobia, or frequent micturition ; also, by soreness of the scalp and clavus. Pains are aggravated by coffee, wine, tobacco, noise, or mental emotion.

Ignatia is particularly suitable for pale, irritable, hysterical females, especially in cases of hemicrania or megrim ; also, when the pain is limited to a particular spot, with the sensation as of a nail driven into the head. (*Clavus.*)

Ipecacuanha. Headache with nausea, or sick headache ; lacerating pain in the forehead, attended by nausea or vomiting ;

* See *American Hom. Observer*, vol. x., p. 477.

tensive, aching pains extending as far as the neck and shoulders; sensation of soreness in the whole brain.

Suitable after or in alternation with *Nux vom.*, especially after a *debauch*.

Mercurius. Tearing, shooting, boring pains in the head, particularly on one side; digging, aching pains in the bones of the skull; syphilitic headache; heat and burning in the head, rheumatic headache; shooting pains in the ears, neck and teeth; nightly perspirations which afford no relief; aggravation of the pains at night or when warm in bed.

This remedy is especially indicated in syphilitic cases, or when associated with eruptions on the scalp, falling off of the hair, or cranial exostosis.

Nux vom. Congestive headache, with sensation as of a nail driven into the head; lacerating pain in the forehead; headache with nausea and vomiting, hemicrania; headache from watching, excessive mental exertion, and the abuse of coffee or spirituous liquors; also, catarrhal and rheumatic headaches.

Especially adapted to violent, irascible dispositions, and particularly after a *debauch* or when attended by constipation.

(*To be continued.*)

KALIUM CHLORATUM AND SULPHURICUM IN GONORRHOEA. A man suffered for a whole year from gonorrhœa. Schussler gave him Kali sulph. for several months without effect, only an eczema appeared on the forehead, which he had a few years ago and of which he had been cured by salves. On account of the eczema he received Kalium chloratum which wiped out gonorrhœa and eczema in a few weeks. Schussler used Kalium chloratum frequently in gleet, and it acts especially well, when the patient is of a dartrous constitution or disposed to glandular infiltrations, whereas Kali sulph. corresponds to the gonorrhœa of healthy persons, and where the totality of the symptoms corresponds to it. Kalium chloratum acts also specifically in chancre, and therefore syphilitic gonorrhœa requires this drug. Low triturations are preferable in syphilis.—*A. H. Z.*, 17, 1875.

Materia Medica of New Remedies, Etc.

PROF. E. M. HALE, M. D., CHICAGO, ILL., EDITOR.

STRYCHNIA.

The following paper on the use of Strychnia was read before the Wisconsin State Homœopathic Medical Society, and was listened to with great interest. It will also be published in Hale's Therapeutics of New Remedies. We print it from advance sheet sent for this purpose by courtesy of Prof. Hale.

Strychnia is one of the alkaloids of *Nux vomica*. The other alkaloid, *Brucia*, is not used to any extent, and is not considered official.

Homœopathic physicians universally use *Nux vomica*, and very rarely use Strychnia, probably for the reason that Hahnemann gave such a thorough and extensive pathogenesis of the former, and said nothing about the latter.

Strychnia bears the same relation to *Nux vomica* that *Atropia* bears to *Belladonna*. It seizes upon the nervous system exclusively, and has no direct effect upon the vegetive system. If we were in possession of the most exhaustive provings of Strychnia, I do not suppose we should find any thing like a majority of *Nux* symptoms in them. We should miss the hepatic, intestinal, gastric, and many of the mental symptoms, and find only those due to irritation and spasm (primary) or paralysis (secondary) of the spinal nerves.

Before entering upon a consideration of the therapeutical application of Strychnia according to the law of *Similia*, it will be proper and important to study its general physiological and toxic action on the human organization, and, to a certain degree, upon the animal.

When taken in quantities just sufficient to produce sensible *physiological* effects, Strychnia induces a feeling of restlessness, perhaps accompanied by trembling in the limbs, and some stiffness in the neck and jaws. When a somewhat larger amount has been given, there may be general muscular twitchings and startings, with stiffness and stricture of the throat and chest; formications or other abnormal sensations under the skin may or may not be present.

After *poisonous* doses the symptoms usually come on in from fifteen to twenty minutes—rarely after the hour—with great suddenness. Sometimes the convulsions are preceded by partial spasms of the muscles of the extremities, but more often the patient is thrown down by the general tetanic spasm. In this the body is bent back-

ward, and rests upon the heels and head, in a condition of profound opisthotonos, the legs are rigidly extended and the feet everted, the arms bent and the hands clenched, the eyes staring, wide open, the corners of the mouth often drawn up so as to produce the *risus sardonius*. Sometimes previous to the attack there is a feeling of restlessness and soreness of the limbs, shooting pains like electric shocks occur in various parts of the body, often first in the back, and down the arms and legs. After the tetanic and paroxysmal contractions of the muscles set in, they rapidly grow worse, until the respiratory movements are arrested. In this condition the face becomes bloated and livid, the jugular veins stand out in the neck, the eyes are staring and prominent, the jaws firmly clenched, and the pupils dilated.

Each spasmodic attack lasts from a few seconds to a minute or more, and then generally cease altogether for a time. Throughout the paroxysm the mind is quite unaffected, and the patient's sufferings are agonizing. A breath of air, a slight noise, movement of the bedclothes, the most trivial cause, will excite tetanic spasms. Sometimes, however, a firm grasp or hard rubbing of the muscles is frequently grateful. All the senses are sharpened to an intense degree, and even the mental operations are more vivid.

In a fatal case, death is rapid; and if the patient survive two or three hours, hopes of his recovery may be entertained.

If the case terminates favorably, the convulsions gradually lessen in intensity, and fade away.

Death occurs from asphyxia, or spasms of the muscles of the chest, or from exhaustion from repeated convulsions.

I have given you a brief but clear picture of the extreme *primary* action of Strychnia. A series of provings would show a multitude of symptoms affecting the nervous system directly, and showing perversion of the various functions of the organs largely supplied with motor and sensory nerves, and causing a large variety of pains and abnormal sensations.

The question now arises: Are there no *secondary* effects of Strychnia?

This is a very important question; for upon its solution rests the truth of the homœopathic law; for, *if Strychnia does not cause motor paralysis, we cannot prescribe it in such cases without violating that law, i. e. without using it antipathically.* Let us carefully examine the records of cases of Strychnia poisoning, and see if we cannot find proof of secondary action.

We find that during the *intervals* between the spasms, "*the jaw drops, the muscles relax, insensibility obtains, and feces and urine are passed involuntarily.*" These are the first indications of its secondary paralyzing effects. We also find that after recovery from poisoning by Strychnia, the senses are apt to be *obtuse* for some time. The muscles are sore, and respond feebly to the will. Motion is slow and difficult. The eyes are dim, there is ringing in the ears, the

mind is sluggish, speech is thick and difficult, taste and smell are altered, and all the symptoms of nervous exhaustion show themselves unmistakably.

Strychnia is no exception to the rule I have often mentioned in my writings, namely : that a *massive* dose will often develop *secondary* effects, not preceded by the primary.

Immense doses of Strychnia have often caused insensibility, with loss of sight and hearing, followed by sudden death in the first attack of spasms. This was due to its sudden, overwhelming secondary action.

Moreover, the investigations of Matteachi, Kolliker and others have proved that "*after death from Strychnia the functions of the motor nerves are always found to be more or less destroyed*, so that galvanization of the nerve trunk either produces only very feeble contractions in the tributary muscles, or else none at all." Wood considers it proven that the functional power of the motor nerves is destroyed in Strychnia poisoning, but he asks, "Is this destruction a *direct action of the poison*, or is it simply the exhaustion of over use, due to the intense activity of the nerve during the stage of spasm?" Kolliker thinks the latter is the sole cause of the nerve paralysis, but Vulpian and other observers controvert his theory by experiments which prove that "*enormous doses of Strychnia kill the frog without the induction of spasms*, by general paralysis with total loss of power in the nerve trunks." Evidently, in such case, the *paralyzing* action of the poison on the nerves must be direct.

There is another peculiarity of *secondary* Strychnia poisoning, which is of great diagnostic importance, namely : It paralyzes the *efferent* but not the *afferent* nerves. This it appears to do before it paralyzes the spinal nerve-centers. In other words, the peripheral portions of efferent nerves die before their roots, or before the nerve-centers from which they spring, are completely exhausted. Wood's assertion, that "the general collapse (paralysis) of frogs from Strychnia poisoning is *largely* due to the affection of motor trunks, and not to exhaustion of the spinal cord," is only partly true. Its ultimate secondary action is spinal exhaustion, and is as much a Strychnia effect as its ultimate primary excitation and congestion.

Harley's experiments show that Strychnia acts on all parts of the spinal cord. "Its effect on this organ," he says, "appears to be two-fold. It dilates the vessels, and thus increasing the supply of blood, augments the activity of the functions of the cord. But apart from this property of dilating the vessels, it is supposed that Strychnia exerts a direct stimulating influence on the spinal cord, although, as Harley has shown, it can act only through the blood, and does not, as was formerly supposed, exalt the functions of the cord when divested of all its vessels, and when a solution of Strychnia is brought into direct contact with its elements.

The experiments of Spence *seem* to prove just the opposite of this ; for when he supposed he had drained all the blood from the

body of a frog, and placed a piece of *Nux vomica* upon the exposed brain, convulsions occurred from above downward, as fast as the poison permeated the substance of the cord.

Strychnia differs from many other poisons in this—that it *is only in increasing the reflex faculty of the spinal cord* that it causes convulsions. This vital property of the cord reaches such a very high degree that any external or internal excitation brings on a reflex tetanic contraction, the violence of which, according to a well known law, is in proportion to the degree of the reflex faculty. So long as the spinal cord does not receive some kind of excitation, however powerfully poisoned by Strychnine it may be, there is no convulsion.

In other words, the cord may be ever so much congested, but the abnormal reflex irritability is not shown, unless it is excited by the touch, or some other form of irritation.

There are many other drugs which cause spinal congestion, but none which cause this peculiar abnormal condition in the tissue of the cord. If Strychnia causes this two-fold condition of the spinal cord by its *primary* action, it causes, as the results of poisoning in animals show, a secondary action just the opposite, namely: *an anæmia of the cord, with paralysis, from exhaustion, of the faculty of the reflex motor nerve cells*. Not only this, but it causes a paresis of the trophic (nutrient) nerve cells, and as Hanfield Jones believes, may cause paresis of the cerebral nerve centers.

Therapeutically considered, the action of *Nux vomica* and Strychnia differ only in degree. *Nux* will cause all the symptoms of Strychnia, but Strychnia will not cause all the effects of *Nux*. As I stated in treating of Atropine, an alkaloid is but *one* constituent of a drug, and only represents a part of its power.

But *in its sphere* an alkaloid is often better than the drug from which it is isolated, because its action is more direct and intense.

The therapeutics of Strychnia, without being absolutely *confined* to disorders of the nervous system, is certainly best manifested in that system.

The question which meets us at the onset is a momentous one, namely: What are the diseases and symptoms for which Strychnia is *primarily* indicated?

Among the most prominent I must name *tetanus*. As Baehr says—"If there is any truth in the homœopathic law, *Nux Vomica* ought to cure tetanus." So I assert in relation to Strychnia. Baehr says he can not find any record in homœopathic literature of cases of tetanus treated with *Nux vomica*, nor have I been more successful in my researches.

Our literature is particularly barren of cases of tetanus. Baehr, in commenting on this fact, suggests that homœopaths rarely treat the disease.

One would suppose that the treatment of tetanic spasms with *Nux* would be published with considerable flourish of trumpets, as a brilliant illustration of the truth of the homœopathic law.

On examination of our works on Practice, I find that Nux is recommended *theoretically*, but no cases illustrative of its efficacy are reported. Marcy and Hunt recommend Nux, Belladonna, Arnica, Stramonium, Cicuta, Hyosciamus, Pulsatilla and Sulphur.

Of these none have the slightest positive value except Arnica, and perhaps Cicuta; and the recommendation of Pulsatilla and Sulphur is absurd.

The same authors mention the following as having cured individual cases—"Tobacco, Nicotine, Aconite, Atropine, Belladonna, Conium, Henbane, *Cannabis indica*, Opium, Camphor, etc." But these are all *secondarily* homœopathic to tetanus, or, according to some, antipathic.

Now, until we can cure true tetanus and trismus with Strychnia, we should be careful about boasting of the universality of the law of Similia.

The value of Strychnia in tetanus, singularly enough, received its confirmation, not from the homœopathic, but from the allopathic school.

In Stille's *Materia Medica*, I find that Strychnia has been used successfully in tetanus. Stille says:

"The diseases characterized by *excessive*, or, *rather*, *disordered action*, in which Strychnia has been employed with benefit, are more numerous than those which have been noticed. Even in *tetanus* its power has been unequivocally displayed. In 1847, Dr. Fell, of New York, published seven cases of tetanus, six of which were of the traumatic variety, and which all recovered under its use. His plan of administering it was to give one-eighth or one-tenth of a grain, and in two hours one-sixteenth of a grain, then reducing the dose still further, and only to the extent of producing specific signs of its influence after each one. Dr. Kalloch, also, relates a case of traumatic tetanus, occurring in a negro girl, which was cured by Strychnia, given in doses of one-twelfth of a grain every two hours."

Hammond, in his work on Diseases of the Nervous System, does not allude to these cases! We can hardly account for this omission on the part of such a thorough investigator, except on the theory that he doubted their trustworthiness. It can not be possible that he omitted them for fear of giving testimony that would prove the truth of the fundamental law of homœopathy.

I can not believe that in these cases the condition of the spinal cord was the same or *similar* to that caused by Strychnia. Hammond says nothing about any difference in the pathological appearance in the cord, occurring in traumatic and Strychnia tetanus. But there must be a difference, and in that difference we must look for the reason of the cures by Strychnia in doses of one-tenth or one-sixteenth of a grain. Dr. Fell admits that each dose *caused aggravations*, and those who are familiar with the action of homœopathically indicated medicines, know that quite appreciable doses will *cure primary symptoms*, but in so doing they always cause aggravations.

My belief is, that traumatic tetanus, while it presents many of the outward symptoms of Strychnia tetanus, does not arise from the same pathological conditions in the cord. A careful study of the differential diagnosis of the symptoms forces one to this conclusion. The fact that the doses used by Dr. Fell *did not kill*, is also proof of the same conclusion. It is absolutely certain that if the identical condition existed in Dr. Fell's cases which obtain in Strychnia tetanus, a dose of one-thousandth of a grain would have caused terrible if not fatal aggravations.

I should not dare to prescribe Strychnia under the 6th centesimal attenuation in true tetanus, if I believed there was intense congestion of the cord, together with the peculiar excitation of the reflex motor nerve cells so characteristic of Strychnia tetanus.

Idiopathic tetanus has its origin *in* the cord or its membranes. Traumatic tetanus commences at the periphery of the body. Now it is difficult to imagine that tetanus of a central origin is the same as tetanus of a peripheral origin. *No record has been found of the treatment of idiopathic tetanus by Strychnia*, and the treatment of Strychnia tetanus by Strychnia is out of the question. This narrows the use of appreciable doses of Strychnia in tetanus to the traumatic variety (possibly the hysterical).

I have frequently prescribed the 6^c of Strychnia in the tetanic spasms of cerebro-spinal meningitis (which is an idiopathic tetanus) with the best results, and I should have equal confidence in the higher attenuations.

In *Chorea*, when the convulsive motions are due to perverted action of the motor portion of the spinal cord, and when the convulsions *do not cease during sleep*, Strychnia is *primarily* indicated, and should not be prescribed lower than the 12th or 30th attenuations.

If the chorea is due to disease of the heart, to rheumatism, or from mental emotion, or from cerebral irritation, it corresponds to the secondary action of Strychnia, and that remedy may be given in the doses used by Trousseau and Hammond. The former gives one twenty-fifth of a grain, one or two doses a day; the latter gives one-fiftieth of a grain three times a day. Trousseau considers it necessary to cause slight stiffness of the jaws and neck, and some jerking in the limbs. Hammond does not think it necessary to cause such symptoms. It is not only unnecessary, but criminal, to give a drug to the extent of causing toxic symptoms, especially such a poison as Strychnia.

Under no circumstances is it necessary to give Strychnia lower than the 3^c trit. in the treatment of functional chorea.

The primary Strychnia-constipation is due to spasmodic contraction of the circular fibers of the intestines. Strychnia 30th will promptly cure this variety, after Nux vomica has been used unavailingly.

Acute myelitis and *spinal meningitis*, although not usually caused by Strychnia, may come under its primary curative power.

It causes intense congestion of the cord and its meninges, which, if persistent, results in inflammation and softening. As an intercurrent remedy, it will be of value in alternation with *Veratrum viride* or *Belladonna*, even in the acute stage.

In the later stages it alternates well with *Cannabis indica* or *Ergot*, but I would not advise it to be given lower than the 6th or 12th centesimal.

The same may be said of *paralysis*, when caused by any organic disease of the cord or brain, such as effusion (sanguineous) congestion, softening, etc. Allopathic authorities are particular to caution their readers never to give Strychnia in paralysis from *actual lesions of the cord and brain*, until *after all signs of irritation have disappeared*, or *unless the paralysis is of reflex origin*. This is a very proper caution from the allopathic stand-point. But the homœopathicist is not confined to such narrow limits.

Strychnia is primarily homœopathic to paralysis from the causes enumerated by Brown-Sequard, as *contra-indicating Strychnia*, namely, myelitis, meningitis, pressure on the cord, hæmorrhage in the spinal cord, congestion of the cord, softening of the cord. In all of these conditions, Brown-Sequard says Strychnia *ought to be avoided*, because it increases the flow of blood to the cord, and aggravates the paralysis. It is evident that it did not occur to Brown-Sequard to give the Strychnia in minute doses; the dread of, or utter disbelief in, the value of attenuated doses, prevents such men from attaining all scientific truth.

I have treated many cases of paralysis from the conditions above mentioned, and have seen the best results from Strychnia 6th cent. The presence of congestion or extravasation is an excellent indication for the use of Strychnia in the highest attenuations. I prefer the Phosphate of Strychnia in these cases.

Strychnia is *secondarily* indicated in all cases of paralysis (paraplegia) from *exhaustion of the spinal cord*, *spinal anæmia*, *reflex paraplegia* or *hæmiplegia* or *white softening*; also in cases where it was primarily indicated, but after all signs of irritation have passed away, leaving a paresis of the motor-nerve centers.

Allopathists are very successful with Strychnia in such conditions—if they are correct in their diagnosis—for it is only in such cases that they can use large (appreciable) doses with safety.

Brown-Sequard,, in his admirable work on Paralysis of the Lower Extremities, gives the differential diagnosis of the two grand divisions of paralysis—the *reflex* and *direct*—and I advise every homœopathic physician to procure and consult that work in order to enable him to attain a certainty in diagnosis, such as he can not otherwise attain.

The doses of Strychnia most applicable in cases of reflex paralysis, or cases of a secondary nature, depend on the age of the patient.

Careful physicians, like Hammond, Brown-Sequard and Trousseau, who have made the subject of paralysis a life-study, advise Strychnia

to be given in quantities just sufficient to cause *slight drawings and jerkings in the affected parts*.

As this effect of Strychnia is always *first* manifested in the paralyzed limb, the danger is not as great as might be supposed. In fact, there is no danger at all if this effect is watched for, and the dose decreased as soon as observed.

This method of using Strychnia is sanctioned by the most practical men of all schools. You will rarely be able to cure paralysis with this remedy unless you follow these rules.

The dose for an adult will range from the one-fiftieth to the one-twentieth of a grain, repeated three times a day, until its action on the paralyzed portion is observed, when it should be decreased gradually.

For a child under twelve years, one-fiftieth to one two-hundredth of a grain may safely be prescribed.

The homœopathic preparations of tincture and trituration afford us a ready method of prescribing the dose with sufficient precision.

Many physicians and surgeons prefer to administer the Strychnia by *hypodermic injection*, as its action is more certain when introduced into the system in this manner. The quantity *injected* must be much less than when taken by the mouth (one-tenth as much in most cases).

Amaurosis, when it is of a paralytic nature, is frequently cured by small doses of Strychnia. It should only be used when the disorder is caused by *atony of the retina* from some cause acting directly upon its texture through the medium of general debility, or when caused by using the eyes by very feeble light. An aqueous solution of one grain to one ounce of water, a few drops placed in the eye, and the region of the eye bathed with the same, is the best method of application in such cases.

Diplopia with amaurosis has been cured by the same method. *Night-blindness* has been promptly cured in the same manner.

Griffin cured a case of *congestive amaurosis* by means of one-twelfth grain once or twice a day for eight weeks. It must have been a *passive* congestion, or the Strychnia would have made it worse.

In homœopathic treatises on diseases of the eye, *Nux vomica* is recommended for the above conditions, but I am satisfied that the alkaloid will act more promptly, especially when secondarily indicated.

Facial neuralgia and *neuralgic headache* will often refuse to be benefited by the ordinary doses of *Nux* in use by our school, but will promptly disappear under the use of the 3x or Strychnia sulph. In one very obstinate case the Valerianate of Strychnia cured after other preparations failed.

Mathiew relates a singular case of *spasm of the œsophagus* in an hysterical woman, who was afflicted to such a degree that she was rapidly becoming emaciated and exhausted. Strychnia was resorted to, "and as soon as it developed its specific effect, the œsophageal

spasm ceased altogether." The dose is not mentioned. Homœopaths have cured similar cases with Ignatia and Cocculus.

Among the secondary affections which Strychnia cures, may be named *prolapsus recti*. It has cured cases of years standing. Nux and Ignatia have a great reputation in this trouble, but in very old cases they fail. Then the Strychnia is of great value, for it can be injected into the cellular tissue near the anus (one one-thousandth of a grain), and a brilliant cure often ensues from a single application. In other cases small injections, each containing the same quantity of the drug, are very successful.

Incontinence of urine or retention of urine, when both conditions depend on *impaired power* in the muscular coat of the bladder, from habitual distention or pressure of the uterus, is often cured promptly by a few doses of the 3x, or even the 6x.

Sexual impotence is treated very successfully by our school with Nux vomica: but there are cases, especially when the condition is purely from *spinal exhaustion*, in which Strychnia is more useful.

Usually the impotency cured by Strychnia is attended by more or less paralysis of the lower extremities; but cases are on record where the paralysis appeared to be confined to the penis alone. In the latter instance Strychnia does not perform a *cure*, it only removes the disability *for the time*. This power, however, even if limited, may be of great importance, as in cases where the possession of an heir is necessary to the perpetuation of a family or the retention of an entailed estate.

If I should be called upon to mention any particular class of disorders in which the Strychnia was most important, I should name those dependent on *perverted or excessive reflex action*. We have seen how it exalted to an abnormal condition the functions of the reflex motor-nerve cells, and I have mentioned its value in reflex paralysis. There are many serious and troublesome reflex disorders which are more successfully treated by Strychnia than by any other remedy, but these disorders are primary, and the medicine must therefore be used in the smallest doses. Of these affections I will mention particularly *headache, prosopalgia, cardialgia, vomiting, dyspepsia, cough*, etc.

No other drug so uniformly causes *hyperæsthesia* of the reflex faculty by its primary action. Consequently no drug is so homœopathic (primarily) to reflex neuroses. To be successful in the treatment of these affections with Strychnia, all the modalities and concomitants of its action must be studied, and it must be prescribed in the most attenuated doses. Then we shall make very brilliant cures.

Bromide of potassa is just the opposite of Strychnia in this respect. It is secondarily indicated. But it will make as brilliant cures in the same reflex affections if given in appreciable doses.

In some of the *cardiac neuroses*, which depend on paresis of the motor-nerves, you will find Strychnia a potent remedy. These neuroses are either spinal, direct, or reflex. In either case, there is al-

ways a constitutional debility, attended with poor circulation, feeble cardiac action, and a quick, small and feeble pulse. The slightest emotion, physical exercise, or derangement of digestion, causes oppressed action of the heart, with great nervousness and prostration. It acts in these cases in a manner apparently similar to Digitalis. I say *apparently*, because both increase cardiac power, but the Digitalis acts from the *center*, i. e., *on the cardiac ganglia*, while Strychnia acts *through the cord*. In special cases they can be alternated with excellent results.

Some cases of *Asthma* are said to have been cured by Strychnia. I imagine the asthmatic symptoms were probably due to a kind of paralysis of the muscles concerned in respiration, more than to any affection of the lungs.

In addition to these special indications for the use of Strychnia, there are some general indications which you should fix in your memory.

(1.) Strychnia is *primarily* indicated whenever the reflex nervous system is in an excessively irritable condition; when all the senses are in a state of *hyperæsthesia*; and when the mental sphere partakes of the same abnormal sensitiveness. In this condition the 30th attenuation will be found to be most appropriate.

[Hahnemann gives the same indications for Nux (also for China and Phosphorus). This condition may occur in chronic, as well as acute diseases, and Strychnia will be found to be better than Nux, in cases specially involving the reflex nervous system.

(2.) Strychnia is *secondarily* indicated in *spinal exhaustion*, when the reflex nervous system, the cerebro-spinal nerve centers, and even the trophic nerves, are in a condition of *paresis*.

[In this condition the whole organism, or a portion of it, may be paralyzed, or in a state of paresis in which the functional activity is far below its normal condition. There may be present cerebral paresis, with resulting *dementia*, *idiocy*, *melancholy*, and even softening of the brain; or spinal paresis, with *paraplegia*, *hemiplegia*, *chorea*, *cardiac weaknesses*, *dyspeptic states*, *constipation*, *chronic diarrhæa* (often involuntary), *enuresis*, *impotence*, etc. When the *nutrient* nerves are affected, there is *marasmus*, from deficiency of assimilation. The nerves may lack nutrition, and then will occur the various forms of *neuralgia*, *spasmodic disorders*, such as *epileptiform fits*, *cataplexy*, *masked ague*, and many other neuroses kept up from force of habit, a condition always present in spinal paresis. In these conditions and disorders the lower attenuations are required, and *sometimes* appreciable doses—even as low as the one-tenth of a grain.]

A few words as to the antidotes of acute Strychnia poisoning. If the patient is seen immediately, make him drink large quantities of melted lard, olive oil, or milk. These seem to prevent absorption.

As special antidotes, Tobacco, Nicotin, Opium, Morphia, Curare, Wourali, Chloroform, Camphor, Aconite and Chloral, have all been recommended. Of these, all but Chloral are very objectionable, on

account of their depressing effect on the heart and other organs. Chloral is the least objectionable, but I would not give that alone. It is more efficient when combined with the Bromides. Doses of 30 to 50 grs. of Chloral, with the same quantity of Bromide of Soda or Potassa, repeated every three or four hours, has saved many desperate cases.

The Bromides are, on the whole, the safest and most efficacious antidotes. Of the Potassium, or Sodium salt, two or four drachms, in severe cases, can be given every twenty minutes, for an hour; after which smaller doses should be frequently administered.

In cases where persistent trismus exists, it may have to be administered by injection. Generally, however, there are intermissions between the paroxysms sufficient to allow of a dose being swallowed (3 i of water will dissolve 3 i of the Bromide of Soda, or Potassa.)

If the *Passiflora* should prove upon full investigation to possess the virtues claimed for it by Dr. Phares, it will be an excellent antidote to Strychnia.

Nitrite of Amyl may be found to be an antidote in some cases, but it should be used cautiously.

Of course all these antidotes to toxic doses act by antagonizing the specific poisonous effect of Strychnia on the spinal cord. They *paralyze* the nerve centers which are irritated by that poison. This paralysis must be kept up until the danger is over.

Of the various preparations of Strychnia, the *Sulphate* is generally used. It is probably the most certain of all.

I often use the *Phosphate* when the cerebral functions are involved, or when the symptoms seem to call for Phosphoric acid, or Phosphorus.

The *Citrate of iron and Strychnia* is a favorite preparation with many of our school. It is perhaps the best in all cases where *anæmia* is a predominant symptom. The use of this double salt obviates the alternation of Strychnia with Iron. I usually prescribe it in the ix trituration.

In many cases of exhaustion of brain power, or in women in whom a high state of nervous erethism exists, I have seen brilliant curative results attend the use of the *Valerianate of Strychnia*, in the 2x trituration or dilution.

OPIMUM, *Consumption of.* During the last seven years the imports of Opium at New York have increased from 30 tons to 133 tons. Although there is an acknowledged increase of its use by physicians yet this can hardly account for the whole difference. The *Cincinnati Gazette* suggests that a good deal of it is consumed in the "soothing syrups" for babies which make future drunkards faster than present ones can be cured. It suggests going at the evil radically, and getting up crusades against cordials and soothing syrups which shatter the nervous system and implant a craving for stimulants. It hints that some of the mothers who were out praying against beer shops had perhaps "soothed" their babies with syrups at home, and so were breeding a new crop of drunkards while trying to harvest the ripe ones.

MITCHELLA REPENS.

(Partridge Berry.)

BOTANICAL DESCRIPTION.—“This is an indigenous evergreen herb, with a perennial root, from which arises a smooth and creeping *stem*, furnished with roundish-ovate, or slightly heart-shaped, petiolate, opposite, flat, coriaceous, dark green and shining *leaves*, usually variegated with whitish lines. The *flowers* are white, often tinged with red, very fragrant in pairs, with their ovaries united.

“*Calyx*, four-parted. *Corolla*, funnel-formed, two on each double, ovary; limb, four-parted, spreading, densely hairy within. *Stamens*, four short, inserted on the *corolla*. *Style*, slender, stigmas four. *Fruit*, a dry, berry-like, double drupe, crowned with the calyx teeth of the two flowers, each containing four small seed-like boney nutlets. Some plants bear flowers with exserted stamens, and included styles; others conversely—those with included stamens and exserted styles.”

This plant is indigenous to the United States, growing in dry woods, among hemlock timber, and in swampy places, flowering in June and July. The leaves bear some resemblance to clover, and remain green through the winter. The fruit, a berry, is bright scarlet, edible, but nearly tasteless dry, and full of stony seeds, and also remains through the winter.

The plant is sometimes called *Checker-berry*, *Winter clover*, *Deer berry*, *Squaw vine*, *One-berry*.

The whole plant is officinal, and imparts its virtues to boiling water and alcohol. It has not been analyzed.

It was named *Mitchella* in honor of Dr. John Mitchell, an English botanist.

ANALOGUES:—*Asclepias inc.*, *Caulophyllum*, *Cimicifuga*, *Chimaphila*, *Eupator. purp.*, *Helonias*, *Pulsatilla*, *Senecio*, *Uva ursi*.

OFFICINAL PREPARATIONS:—Tincture of leaves; dilutions
MENTAL SYMPTOMS.

Depression of spirits.

Forgetfulness; very forgetful.

Dread of approaching death.

Perceptive faculties very dull.

HEAD AND EYES.

Throbbing pain on the right side of the head.
Severe frontal headache just behind the superciliary ridge.
Eyes dull and heavy. Eyes feel weak and watery.

EARS.

Dull aching pain in the right ear; burning of the left ear.

FACE.

Rush of blood to the face.

MOUTH AND THROAT.

Pricking and burning sensation in the tongue.
Fauces feel dry and irritated.
Constriction hindering deglutition.

STOMACH.

Eructation, with burning in the stomach, and along the
œsophagus.
Dull aching pain in the epigastrium.

ABDOMEN.

Distension of the bowels with expulsion of flatus.
Colic like pain in the colon, which is tender on pressure.

RECTUM AND STOOL.

Bowels costive.
Urging to stool.
Diarrhœic stools.
Small stool with tenesmus, expelled with difficulty.

URINE.

- * Urging to urinate; urine high colored; white sediment.
- * Dull aching pain over the region of the kidneys.
- * Swollen and irritated condition of the urethra and neck of bladder.
- * Catarrh of the bladder, especially in women.—(*Hale.*)
- * Dysuria accompanying uterine complaints.
A feeling of uneasiness at the neck of the bladder.
Notable increase of the urinary secretion.

UTERUS.

- A powerful uterine tonic.—(*King.*)
Cervix engorged, dark, red and swollen.
- o Delayed menstruation.
- o Engorgement of uterus, from lack of tone in the muscular wall of the organ.
- o Amenorrhœa, dysmenorrhœa and menorrhagia.
- o False labor pains in last months of pregnancy.

- o Slow, feeble and inefficient labor pains. (The tincture to be taken three times a day [10 drops] for two weeks before confinement.)—(*Hale*.)

CHEST.

Burning pain over the region of the heart (in muscles?)
Heart beats at first slow and irregularly, then hurried.
Hurried breathing.
Dry hacking cough, and excess of mucus in the bronchia.

BACK.

Back feels very weak, with great soreness.
Muscles of both shoulders very sore.
Pain in the region of the kidneys.
Dull aching pain in the small of the back.
Burning in the small of the back.

EXTREMITIES.

Great pain in lower extremities.
Great pain in the knee joints, relieved by motion.
Muscular soreness.
Dull burning and sore pains in all the muscles of the extremities.

MYGALE LASIODORA.

(*Cuban Spider*.)

A venomous spider found in the Island of Cuba, and other West India islands.

ANALOGUES:—*Apis*, *Agaricus*, *Belladonna*, *Cimicifuga*, *Doryphora*, *Hyosciamus*, *Tarantula*, etc.

OFFICIAL PREPARATIONS:—Triturations of the spider tincture; dilutions.

MIND.

Felt sad all day.—(*Houard*.)
Great anxiety and fear of death.—(*Hale*.)
Despondency and fear of death.—(*Houard*.)
Delirious and restless all night, with talk about his business.—(*Ib*.)
Restless all night with ridiculous dreams.—(*Ib*.)

HEAD.

- o Frontal headache—in chorea—vertigo.

FACE.

Face flushed and hot.

THROAT AND MOUTH.

- Tongue* dry and parched, or dry and brown.
 o Grating of the teeth—nights.

GASTRIC.

Nausea, with palpitation of the heart.
 Excessive thirst—with the fever.

URINARY ORGANS.

In the morning increased discharge of urine, with stinging pain in urethra.
 The urine during the day was burning hot, it seemed scalding.

CHEST.

Difficult respiration, with anxiety.

HEART.

Strong palpitation of the heart, dimness of sight, nausea, and general weakness.

BACK.

Pain in the back, extending around the front.
 Twitching in the muscles of the back.

EXTREMITIES.

The local inflammation (from a bite) was very extensive, reaching from foot to knee, leaving a large violet spot which afterwards became greenish.—(*Houard.*)

Intense redness in streaks, following the course of the lymphatics—from the calf upward to the body, with great anxiety, twitching of the limbs, etc.—(*Hale.*)

- * Convulsive, uncontrollable movements of the arms and legs.
 Pulsative, stinging pains in the foot.

FEVER.

Severe chill, followed by fever, with trembling of the whole body, excessive thirst, face flushed, *pulse* 130, tongue dry and brown, difficult breathing, despondency, fear of death, delirium.

GENERALITIES.

- * Convulsive, uncontrollable movements of the back, arms and legs.
 o *Chorea*: arms and limbs in constant motion, facial muscles distorted, could not help herself; headache, vertigo, grating the teeth nights; *quiet* during sleep; *worse* in morning.)—(*Dr. Spooner.*)
 o *Chorea*: jerking in left leg facial muscles, etc. [Dr.Blake's patient improved a short time under Mygale.]
 o *Chorea*—after *Cimicifuga*—"the twitching was now confined to the left arm, (cured by Mygale 1st.)—(*Dr. Blake.*)

Clinical Observations.

D. A. COLTON, M. D., CHICAGO, ILLINOIS, EDITOR.

A FATAL CASE OF SPINAL MENINGITIS.

BY E. M. HALE, M. D.

Mrs. T——, a middle aged woman in good ordinary health, was attacked in the night of January 16th, with severe pains, like colic, in the abdomen. After these pains had continued a few hours, acute lancinating pains down the back, from the occiput to the sacral region, set in; violent vomiting now occurred, of mucus and bile, then a severe chill followed, with coldness of the limbs. Afterwards the body could not be touched or moved without intense pain. The slightest attempt to turn in bed, or the lifting of a limb caused severe suffering.

During the early hours of the morning a physician was called in, who pronounced the case one of "bilious colic." The patient herself supposed the attack to be of that nature.

When I first saw her, about 10 A. M., I felt sure it was a case of spinal congestion, and so informed the husband. The spinal pain, intense suffering on movement, the vomiting, and cutaneous hyperæsthesia, all pointed to that disease.

The pulse was quick and rather weak, the skin hot and perspiring (from the great quantity of clothing and hot applications to the abdomen), the tongue broad, white, with indented edges; little or no headache, and the intellect was intact. Gave Solanum and Bryonia.

At 4 P. M. my associate saw the patient. The symptoms were all aggravated. She had vomited several times, and urinated frequently and profusely. He gave Atropine 3.

At 8 P. M. I saw the patient with him. There had been no improvement. Believing that we had to deal with a dangerous case of spinal congestion, we gave Ergot every hour, in doses of 10 drops of the fluid extract, with Belladonna 1x between, in 10 drop doses. The galvanic current was applied in the manner usual in cases of congestion of the cord. The application relieved the pain some-

what, and increased the force of the pulse. Left her on the above medicines, with directions to give chloroform in case of tetanic convulsions.

In the morning found her very weak, and drowsy from the effects of McMunn's Elixir of Opium, which had been given through the night to alleviate the agonizing pains which set in during the night. The face was pale, pupils slightly dilated, skin cool and moist, pulse very feeble and quick (140), heart's action very feeble. She had several attacks of tremor (general but transient). No urine had passed for 18 hours, I drew it off with a catheter, only about half a pint was in the bladder. The abdominal muscles were tetanically contracted. She said the pains during the night were "dreadful," shooting down into the uterus and rectum, but not into the legs. Galvanism was again applied, when the contraction of the abdominal muscles relaxed; the pulse rose slightly, and she seemed to be revived.

Feeling very anxious about the case I left Digitalis, to ward off cardiac paralysis, to be given alternately with Verat. alb.; advised the free use of milk punch, beef tea and wine.

Being detained with other severe cases, I did not arrive till 5 P. M. and found she had just died. My associate, Dr. Delamater, saw her a quarter of an hour before she died. She was then pulseless, and breathing with great difficulty. She died suddenly without any painful struggle. There was no pain in the chest at any time, no cardiac excitement or tetanic action, as I have seen in other cases of this disease. The nerves which supplied the respiratory organs, and the heart were doubtless paralyzed by the rapid effusion at their origin in the spinal cord.

There were no symptoms of any cerebral congestion at any time.

This was one of those cases, supposed to be typical of *epidemic* spinal meningitis, characterized (according to Stille in his treatise on that disease), as being sudden in its onset, intense in its severity, and rapid in its progress, terminating generally fatally during the first *three* days.

These cases, he says, are "fatal from their onset," and certainly it seems as if no remedy had the slightest effect, unless it was the galvanic current. I have treated milder cases successfully with Cimicifuga, Solanum, Belladonna, Ergot, Digitalis, Veratrum viride, and Verat. album, and can usually see prompt effects from the remedy selected, but in this case they proved futile. Truly it is a terrible malady, before which our puny efforts seem powerless.

TAR SPRINGS AND CONSUMPTIVES.*

Friend Lodge: In the May number of your excellent journal under the head of Climatology you have two articles and a note of yours contrasting West Virginia and Florida for consumptives. If you will examine the map (Watson Railroad Map has our place marked on it), you will find that while Charleston, W. Va., is in Latitude $38\frac{3}{8}^{\circ}$, Tar Springs is $37\frac{3}{4}^{\circ}$. We feel the Arctic waves more or less but the extremes of heat and cold are not so severe as farther north or farther south. In our little valley we have, very rarely, a fog, and then very light. But to the point of my communication. A gentleman, formerly a teacher, the last of his family, from Central New York, suffering from phthisis pulmonalis, spent the winter of 73-74 in Florida, in the localities regarded most favorable for consumptives, and returned late in the spring, worsted. Last fall he thought of going to Southern California; but was too feeble to stand the trip. He came here October 20th, 1874, commenced the use of Tar water and Tarine (Tarine is the trituration made from the tar which flows out with the water from the one called the Tar Spring). His appetite became good; the expectoration lessened and improved in quality; his general strength increased, and about two weeks since he left, appearing in a much better condition than in the fall; when he came, after a careful examination, I told him: "That if tar water or anything else enabled him to hold his own until the warm weather fairly set in, during the summer he *might* possibly make some advance towards a cure, but his case would be an extreme test of the curative power of the tar water."

When I came here I did not regard the tar or tar water as particularly valuable for the cure of pulmonary diseases, although I had heard of some cures. Now I regard them as the most promising remedies when used in time.

Yours, JAS. G. HUNT, M. D.

* Breckenridge County, Kentucky.

TAR IN BRONCHIAL CATARRH AND WINTER COUGH.—In a note sent to the *British Medical Journal*, Drs. Sidney Ringer and Wm. Merrill state that in the treatment of these complaints they have employed tar in two-grain doses, made into a pill, every three or four hours. From October to January, inclusive, its effects were watched on twenty-five patients, whose ages varied from thirty-four to seventy. All these patients had suffered several years from winter cough during the whole winter.

Each attack of the paroxysmal and violent cough lasted from two to ten minutes, recurring ten or twelve times in the day and breaking their rest at night. Expectoration was abundant, frothy, and purulent. Breathing was short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant rhonchus, and occasionally a little bubbling rhonchus at the base. These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and in about three weeks they were well enough to be discharged. The improvement was so decided that even those patients who, in previous years, had been confined to the house during the whole winter, returned to their work. On discontinuing the tar, relapses often occurred in a week or two, but on readministering the medicine relief was again obtained.

ARNICA IN TYPHOID STATES.

BY WM. H. HOLCOMBE, M. D., NEW ORLEANS.*

Hering says truly that the first action of *Arnica* is similar to that of typhus fever. It is valuable in *typhoid conditions* of various diseases. I am always reminded of its use by the occurrence of stupor with the involuntary discharge of fæces. I had, lately, a case in which its action was very surprising.

A man, aged 67, took a cold bath (a very unusual thing with him), and was attacked that night with acute otitis in both ears, I never saw a human being suffer more than he did for a couple of days. After the ears discharged, which one did through the eustachian tube into the mouth, he sank slowly into a state of stupor with great heat of skin, exceedingly full and hard but slow pulse, and a dry, almost black tongue. He could always be aroused from this stupor and would answer intelligently, but would relapse immediately into profound stupor again. He seemed to suffer no pain, and I could detect no sensibility on pressure anywhere but in the region of the liver. His eye was dull, his expression stupid, and the face deep red, almost as red as mahogany. I diagnosed suppurative inflammation of the membranes of the brain by extension from the auditory apparatus.

Aconite, *Belladonna*, *Bryonia*, *Gelseminum*, *Veratrum viride*, *Baptisia* and *Rhus*, had all been plentifully used at different times and in different attenuations as I thought them indicated. But this case went steadily on from bad to worse, until after fifteen days illness. His state was profoundly typhoid, and the symptom of *involuntary evacuation* occurred.

I put him upon *Arnica* ten drops of the tincture in half a glass of water—a tablespoonful every hour. The improvement was little less than miraculous. From the very door of death he was elevated in twenty-four hours into the cheerful hope of recovery. There was steady improvement henceforth, except a slight relapse with retention of urine. The catheter was used for two days, when all the functions resumed their natural course, and he made a happy recovery. In my 28 years of practice I have never seen as old a man recover from such a dangerous and apparently hopeless condition, and I attribute his cure to *Arnica*. My key-note to its selection was this: Stupor, not preceeded by the cerebral excitement of *Belladonna*, during which an involuntary discharge of fæces was constantly occurring.

* Cincinnati Medical Advance.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.

As a part of the history of this controversy we print the following correspondence and editorials.

UNIVERSITY OF MICHIGAN, }
ANN ARBOR, July 15, 1875. }

"EDITOR—

"DEAR DR.: The following reply to a brief editorial* in the *Medical Record* of July 10, 1875, is forwarded for your information, as a circulation of the statement therein contained is calculated to do great injustice to the Medical Department of the University and to the Board of Regents.

Very respectfully,
E. S. DUNSTER, M. D."

UNIVERSITY OF MICHIGAN, }
ANN ARBOR, July 15, 1875. }

"Editor *Medical Record*—

"DEAR SIR: You are in error in your brief editorial in *Record* of Saturday last, and have done the Regents of this University an injustice by asserting that an attempt is being made on their part 'to appoint one or two homœopathic professors ostensibly to take charge of the new department, but in reality to become by law members of the faculty.' If you will refer to the bill establishing the college of homœopathy—published in full a few weeks since in your own columns—you will see that this assertion is not true. The homœopathic professors are not, and by the very terms of the act, cannot be, members of the faculty of the now existing department of medicine; nor, on the other hand, are the professors in this (the old) school members of the faculty of the homœopathic college, for both schools have separate statutory enactments creating them distinct and independent departments of the University.

"Your article is furthermore doubly unjust to the Regents from the fact that they have twice peremptorily refused to obey the Legislature when it attempted to force such 'disagreeable and unprofitable associations,' by enacting the appointment of homœopathic professors in the old department of medicine. This offensive measure having been removed in the last act, the Regents have accepted the legislative grant, and have established the new college.

"Very respectfully,
E. S. DUNSTER, M. D."

* HOMŒOPATHY IN MICHIGAN UNIVERSITY.

The establishment of a homœopathic college as a branch or department of the University of Michigan will, we doubt not, be a source of considerable embarrassment to the present medical faculty of this excellent school. An attempt is being made on the part of the Regents to appoint one or two homœopathic professors, ostensibly to take charge of the new department, but in reality to become by law members of the faculty. This will certainly be an original method of forcing disagreeable and unprofitable associations, which will be resisted by every one interested in the prosperity of the school.

There is only one course for the Regents, and that is the establishment of an independent homœopathic school.—*From Medical Record of July 10, 1875.*

On the above Dr. L. Connor, editor of *Detroit Review of Medicine and Pharmacy*, remarks:

Perhaps technically considered, the *Record* may be in error; but in reality it is correct. This opinion is held by Prof. A. Sager (see July issue of *REVIEW*), by several societies of medical men in Michigan, and prominent members of the medical profession elsewhere. Let us refer for a moment to the resolutions by which the homœopathic excrescence was attached to the University. (See our June issue.)

(1.) It is decreed that there shall be a homœopathic medical department of the University, and students must register their names when entering the University, as students of this department.

(2.) It was further decided that the teachers of these students shall be as follows:

Albert B. Prescott, A. M., M. D., and Preston B. Rose, A. M., M. D., Chemistry; Corydon L. Ford, M. A., M. D., and George E. Frothingham, A. M., M. D., Anatomy; Henry S. Cheever, A. M., M. D., Physiology; Donald Maclean, A. M., M. D., Surgery; Edward S. Dunster, A. M., M. D., Obstetrics, etc.; Dr. Samuel A. Jones, Homœopathic Materia Medica; Dr. John C. Morgan, Homœopathic Theory and Practice of Medicine.

It will be noted that the teachers of the former medical department, with two exceptions, Drs. Palmer in practice, and Dr. Cheever in materia medica, are the same as the homœopathic medical department. If the teachers of students constitute the faculty of those students, then, evidently Dr. Dunster himself is a real member of the homœopathic faculty, because by the act establishing the homœopathic department, he is compelled to teach these students. Further, he and all former colleagues (except Dr. Palmer) must teach in connection with Professors Morgan and Jones (Homœopaths).

Plain people like ourselves, accustomed to estimate things, not by the labels attached, but by their substantial realities, can see no reason to doubt the fact that, into the medical department of Michigan University, two homœopathic professors have been introduced to teach the students of the University the merits of a dogma. By technicalities and sophistry the attempt is made to convince the profession that such is not the fact. Will it succeed? If it does, our ethical code will need to be so remodeled as to permit consultations with those "who practice an exclusive dogma."

But one says the former medical department and the Regents could not help themselves—great outside pressure, social, financial and political, forced them to do this thing. This is the same excuse we have heard dozens of times from medical practitioners when expostulated with for consulting with the disciples of an exclusive dogma. Rich men, powerful men, societies, etc., forced us to yield. But to such the profession has ever said: "Depart from us, thou unprofitable servant." Perhaps the profession may wink at the lapse from virtue of a great medical school, when it would, under similar provocation, trample under foot an isolated feeble practitioner. At no very distant day, we shall learn its decision.

To all of our readers we suggest that they compare the letter of Professor Sager as published in the July *REVIEW*, with that of Prof. Dunster in this.

The former expresses the convictions of a man who for a quarter of a century has toiled for the University, and who now in advanced years, proves the sincerity of his conviction by resigning his position and salary, and severing his connection with an institution to the upbuilding of which he has given the best years of his life.

The latter comes from a gentleman who expects, during the coming winter, to indoctrinate the students of the Homœopathic Medical School of Michigan University in the principles and practice of obstetrics and gynecology. We leave it for our readers to decide whose words carry the greater weight.

We had written the foregoing, when an editorial in a Detroit daily was brought to our notice, upon the general topic of "Homœopathy in the University." We quote the following portions as evidence from a popular source, in support of our proposition: "That the former medical faculty and the additional homœopathic professors constitute in reality one body of medical teachers."

"Among the appropriation bills which became laws at the legislative session of 1875, was one giving to the University the sum of \$6,000 annually to defray the cost of instruction in homœopathy. The Regents, whose disposition to meet the undoubted popular wish in the matter had lately been restrained by lack of means only, at once voted to add two chairs of homœopathic instruction to the medical faculty."

* * * "The election of two new homœopathic professors has been received by the lay public with general satisfaction, and the disinterested believers in the Hahnemann medical faith are naturally gratified in no slight degree at the excellence of the auspices under which the work of instruction in their theory of the law of cure will be commenced in Michigan. To the astonishment of those who have always regarded the *odium medicum* as a very virulent type of the disease of intolerance in opinion, the innovation at Ann Arbor has been accepted with quiet good sense by the great body of the physicians of the old school."

"Dr. Charles Rynd, of Adrian, the only one of the present board who is a "regular" practitioner, exerted himself (as chairman of the committee of the Regents on this subject), with noticeable fairness and energy to give a full practical expression to the wishes of the Legislature. The *existing faculty*, with the exception of one of their number, met the new arrangement with a tacit recognition of the clearness of the public duty of the managing body of the University under all the circumstances, and did not interpose any resistance to a change which, although hostile to their professional traditions, was still most clearly demanded by the dominant sentiment among the people, who are in reality the creators and masters of the chairs they themselves were filling. * * * They recognize the propriety of bowing to an unmistakable public demand upon such a subject in an institution supported as is our University. We risk nothing in saying that the lay community have noted with pleasure this restraining of sincere professional conviction from development into bigotry. * * * Throughout this prolonged controversy, the homœopaths have had the advantage of the Anglo-Saxon love of fair play, and of the nineteenth century dislike of mediæval intolerance of opinion, and the proposition to add the homœopathic professors to the University faculty, has derived a large share of its support from those who themselves take drugs, and not pellets, but who have thought that there was equity in the claim of the advocates of the "little pills" for a fair foothold in an institution supported by general taxation."

These extracts fairly represent the understanding which our people have with reference to the relations of the new homœopathic professors to the existing medical school. The people understand that homœopathy is a part of the teaching of our State Medical School. Otherwise all this talk about intolerance, etc., were mere moonshine. The people have forced the Regents, and the Regents have forced the faculty to unite with homœopaths in educating homœopathic physicians. Doubtless the coming class of homœopathic medical students at the University will be the largest of that sect ever gathered together. Never before has such a renowned group of men been provided as their teachers. Students will come from the north and from the south, from the east and from the west, and sit down at the feet of Professors Ford and Morgan, Maclean, Dunster and Jones, Cheever, Frothingham, Prescott and Rose. Here, being labeled homœopathic students, they will study as such, and ultimately receiving a homœopathic card or diploma, they will go forth to practice and propagate the homœopathic dogmas. This is not all. Soon

the eclectics will begin to appeal to the people for chairs in the medical school at Ann Arbor. At the meeting of our next State Legislature, we must expect that at least as much money will be appropriated for eclectic chairs. Thus, year after year, one species of quackery after another may be grouped at Ann Arbor, and be collectively styled the Medical Department. If the people, Legislature and Regents can force the medical faculty to teach in connection with homœopathy, why not in connection with eclecticism, hydro-pathy, clairvoyancy, etc.? Let it be proclaimed, from the rising to the going down of the sun, that with one exception (Prof. Sager) the faculty of the medical school at Ann Arbor have, without one word of public remonstrance, submitted to the demands of the people to join in the education of homœopathic students. The process of submission, once begun, is easily continued to any extent desired by their employers, the people. Hence, so far as the faculty is concerned, their past action leads us to suppose that they would even be willing to extend the same aid to all other isms which the people of Michigan may establish in their medical school. Verily, in view of these things, "how are the mighty fallen!" We have written the foregoing sorrowfully, impelled by a sense of professional duty. Let it be distinctly understood that we have opposed and shall oppose any alliance of our medical schools with any form of quackery, even though the union be sugar-coated and infinitesimally diluted. In this opposition we rest upon the glory of our profession in the past, and its hopes for honor in the future.

In the same Journal (*Detroit Review of Medicine and Pharmacy*) Dr. Sager publishes the following from American Medical Association and its late President :

AMERICAN MEDICAL ASSOCIATION, }
PHILADELPHIA, July 12, 1875. }

Dr. ABM. SAGER:—DEAR SIR: I have just learned of your action relative to the Michigan University, and hasten to congratulate upon the manly stand you have taken. When the public authorities cease to know and appreciate science and its votaries, and prefer ignorance and charlatans, it is time for the profession to sever all connection, and allow them to pursue their way to disgrace and ruin as rapidly as they desire.

With the highest regard,

I am, very respectfully, yours,

WM. B. ATKINSON.

Prof. Gross, late president of the association, is even more emphatic. I extract the following, viz.:

"It does not matter, in my judgment, whether homœopathy is taught in the same or a separate edifice, or whether there is any social or official intercourse between the faculties of the two institutions. The result must be similar. As a necessary consequence, you must examine the homœopathic student on surgery, your colleagues on anatomy, and some one else on chemistry, certifying to his fitness or unfitness in these particular branches, and therefore if found qualified, endorsing him as a homœopathic physician. In this way you will be compelled, by virtue of your office, to mix yourselves up with an organization for which every member of the regular profession has a sovereign and immitigable contempt—an organization with which it is impossible for us ever to associate or fraternize. How the profession at large would regard such a connection it would not be difficult to divine. The American Medical Association, and all our colleges, would unquestionably place the Medical Department of your University under the ban, and cease to recognize your pupils. Such, at all events, is my conviction."

The above specimens of Allopathic literature are valuable. They are History. All history is valuable, and has a valid dignity about it. But no other form of historic record is quite so satisfactory as that in which each historic personage paints his own portrait—exhibits his own qualities, attainments, aims and efforts, and his own appreciation of the situation in which he is placed, and of the so-called duties which his own principles impel him to perform. The particular branch of general history, of which the above collation forms a part, is the History of the Decline and Fall of the Old School Medical Profession. This really important, certainly desirable, and, at no distant day, inevitable event, is taking place, as appears, not by the belligerent valor of the Homœopaths, but by the fatuitous purpose and persistent ingenuity of the Allopaths themselves in cutting their own throats.

From the time beyond which the memory of man runneth not, this isolated, honored, trusted and self-perpetuating class of men have been endowed by governments with the exclusive right to preside at the sick and dying bed, with no possible appeal from their dictation, with none to review their principles or investigate their practices. Whether they killed their patients (through ignorance, false principles, self-interest, or malign intent) or cured them—was a question which neither they or the governments which stood behind them, ever permitted to be raised. Unless one medical expert impugned another, no civil court could take cognizance of any amount of murders that (through ignorance or otherwise) might be perpetrated within the veiled jurisdiction of the “regular” medical profession. This thing has worked passably well during tens of monarchical centuries. Will it answer as well in a republican age, among a self-governing people and in a frontier state? There is no way to answer this question, but to try it and see. And this is what is now being done by the people of Michigan.

That the Old School Medical Profession with its antiquity and its prestige, its A. M.’s and its M. D.’s would not bear competition and investigation—that it would be disastrous and fatal “disgrace and ruin” (to use Dr. Aitkins’ phraseology) to the old school, for “the People to force the Regents, and the Regents to force the

Faculty" to confer on students outside its limits privileges and qualifications, and civil powers equal to those conferred on students within its limits; thereby empowering outsiders to expose the ignorance, the impotency and the murderous fraud which cabalistic signs and a Latin terminology are made to cover from public view in the walks of Allopathy—there are facts which it remained for the shuddering fear of such eminent allopathists as A. Sager, W. B. Atkinson, and S. D. Gross (President, Dean, Professors, A. M., M. D., etc., etc., being understood), and their like pre-eminent defenders of the Old School to make evident.

For the choice array of complimentary expressions—"homœopathic excrescence," "practitioners of an exclusive dogma," with whom they bind themselves, "not to consult"—"that sect," "species of quackery," "form of quackery," "sugar-coated and infinitesimal," "little pills," "ism," "charlatans," "for whom every member of the regular profession has a sovereign and immitigable contempt," and with whom "it is impossible ever to associate or fraternize,"—and for all the terms of back-handed endearment with which the above and kindred specimens of "scientific" literature are seen to bristle, homœopaths and the people at large ought to feel profoundly grateful. These phrases and the temper they manifest constitute the only guarantee we have that the "scientific" minds that utter them would not befoul with their approving presence any modern school of medicine, in the hour in which it should become more popular than their own. Whereas Doctors E. S. Dunster, C. Rynd of Adrian, and other practitioners of their type, whom a Detroit Daily thinks to be the great body of the physicians of the old school, are so far identified with modern civilization that one of them might be trusted with the care of an imperiled life under the reasonable belief that he would not send a victim to the sepulchre as a mere sacrifice to the REGULARITY of the practice, rather than restore him to health by an irregular method.

A large amount of personal reliability—a large amount of that development of self-governing faculties which we call "common sense," and which long and wisely occupied liberties alone confer, is what the exigencies of the American people require in one who would serve them; and no perfunctory compliance with the dictates of a pre-Christian profession, or school, will be contentedly received instead.

T. S. G.

*An Open Letter to Edwin M. Hale, M. D., Editor of the NEW REMEDIES,
and author of a practical treatise on ABORTION.*

DEAR DOCTOR:—Butler—not the *Analogy* but the *Hudibras* one—wrote:

“No rogue e'er felt the halter draw
With good opinion of the law,”

and by some curious association of ideas your “Reply” to my well-meant notice of your *Fourth Edition* brings this distich to mind. I always liked Butler, but now I think him clearer-sighted and sounder-headed than ever.

In your last letter to me you said you were not going to notice my review. You took a second thought, invented an *animus* (as you have hitherto invented many a “cure” and “clinical note,”) and invested me with the *animus* which your genius had provided: with a magnanimity which I am sorry I can not appreciate, you “do not propose to make public” this *animus*.

You know that I am the loser by this forbearance of yours; for if you published the two letters I sent to you while my notice of your book was in the compositors hands, the profession would find that *animus* to consist of a little Welshman's hatred for all sorts of literary dishonesty. Print the letters—I give full consent—and show our school how plainly and how truly I put it to you.

But, as Dr. John Brown's *Jeems the Doorkeeper* has it, I want to get at “close grupps” with you; so let the bystanders make a ring, and—*may the truth win!*

Let somebody see to it that the *respectable* do not run off in disgust, for this isn't a “low” street fight. It isn't even a batch of “personalities,” or a washing of dirty linen. On the contrary, it is a good and a necessary deed, done for every student, ante—or post-graduate, in our school. It is an earnest endeavor to show up a book and a book-maker in their true light, to demonstrate that both are alike unreliable. As you happen to be the book-maker in this issue, of course, you will deem this my endeavor “indecent, uncalled-for, and unwarranted;” but my dear fellow, it happens that you are not the judge—that is the prerogative of every poor student to whom the book is dear at five dollars, and the book-maker far dearer at far less. But if it is “indecent” for one to *refer* to your work on Abortion, what a plight must you be in who wrote the work! I feel for you old fellow, for your epithet hurled at me was a boomerang, and you've found it out too late.

But, get into your corner of the ring. I'll give you the best one, and I'll take the sun—the light—in my eyes; I know *you* can't bear the light.

You have no valid defense for your omission of authorities: you offer only a flimsy excuse; you call that vigilant distrust which demands that *you* of all others shall give authorities, “a monomania.” It is a very similar “monomania” which seizes a crowd when it takes up the cry “stop thief!” and joins in the pursuit; and on such occasions there is always *one* who like you deems this “custom absurd and distasteful.”

You say “Hahnemann did not think it necessary to quote every prover,” etc. I pronounce the assertion to be false in the first place, and in the second suggest that there is possibly a difference between a Hahnemann and a Hale. There is a difference between a whale and a “cisco,” *although* they both are fish, and similar differences exist between other vertebrates.

In other words, Sir, a man who has built up a reputation by *absorbing* (I hope that is delicate enough to suit you) the honest work of other men, and claiming it as his own (“my provings” of *Lycopus*, for instance), is very naturally *the* one to advocate a total disregard for authorities.

But what would be said of the historian who made *vital* assertions and withheld his authorities? Even in history an unsupported *ipse dixit* is not taken. The editor of a *Materia Medica* becomes the historian of every pathogenesis in it, and when his work is rightly done he will give authorities; if it

is not the *ad sum* of Jones, Brown, or Robinson at the end of every symptom, it will then be a bibliography which plainly states where Jones, Brown, or Robinson may be found.

And is not this information of especial value to the student; will it not tell him where the mines are from whence the gold came; will it not refer him to daybooks which alone every student, yes, and every physician should study; will it not, O inconsistent Law-of-Dose Man, enable him to know primary and secondary symptoms? However, as the value and the necessity of authorities is binding upon Prof. T. F. Allen, how can a Hale relegate a *duty*—nay shirk it! Why buy Hale's book at five dollars, and Allen's at fifty, simply to learn that Hale is unreliable.

You say: "Suppose that one hundred years from now an author of a textbook on *Materia Medica* should put down as follows:

Aching in the left mastoid process. (*Jones*.)

Twitching of the left eye. (*Brown*.)

Tingling in the left little toe. (*Robinson*.)

And so on *ad infinitum*!" Your supposition implies a *consequence*, and I presume you would like to know what it will be? Well, I'll tell you—That same author will look one hundred years before he finds one *pathogenetic* symptom which came from the corpus of (*Hale*). No wonder you are not fond of "authorities"; you whose name in the *New Remedies* is like a cuckoo in a sparrow's nest!

But you rest your defense on the fact that the "scope and purpose" of your volume did not require authorities because it was not intended as a *general*, but a *special* Symptomatology." Then a "*special* Symptomatology" is permitted to contain a "*special*" defect, to perpetrate a "*special*" offense, to spurn the "*special*" mint-mark of a *pure* *Materia Medica*! But who authorizes you to foist upon the school such a "*special*" castration? Did your palm itch for a God-defying percentage out of the poor student's five dollars? O man did you ever think what it is to defraud him whose soul is ahungering and athirsting for knowledge, and *he* POOR! And if a famishing brother prays for bread and you give him a stone, of a penalty for that?

Adulterated food is devilish; but what is adulterated knowledge when given to them who fight with Death?

I purpose now to look and see if you have dealt out such.

I shall examine your "*special* symptomatology" of *Ailanthus*, and see how it tallies with the symptomatology of that remedy.

The first symptom in your fourth edition is *Continual sighing with depression of spirits*.

No prover of *Ailanthus* has thus connected these symptoms. You have combined isolated conditions, as they existed in Dr. Alley, to make the symptom "*Continual sighing*" with the concomitant "*depression of spirits*."

Now the very words, "*depression of spirits*," are employed by another prover, Dr. Wells, but he had no co-existing "*Continual sighing*." Why is this? There is a cause for it, and we have reason to expect that a man who is qualified to glean a "*special* Symptomatology" from a "*general* Symptomatology" can give us the reason. This is exactly that which you are not able to do, and the proof of my assertion is that you have united these separate and distinct symptoms into one.

What is the semiological import of Dr. Alley's "*continual sighing*?" Well, it is not a *psychical phenomenon at all*. It does not indicate any *mental* condition. What then is its meaning. Continual sighing in an adult points to some cardiac disease; in a child it announces the coming on of an exanthem. Remembering, then, what *Ailanthus* has done and can do in scarlet fever, what a light there is in this symptom! It is one of the most valuable in the whole pathogenesis. In your case it reminds me of a pearl cast before a pig—poor pearl, poor pig!

"But," say you, "Dr. Alley did not have any symptoms of cardiac disease!" O my infant, I know it; and it is just *this* which gives the symp-

tom its value, for it shows that Ailanthus induced in Dr. A. just such a congestion of the respiratory centers as the invasion of an exanthem occasions in children. Do you perceive, my innocent one?

And now, let me challenge you to prove your fitness to be the editor of a "special Symptomatology" by telling me why Dr. Wells did not present the symptom "continual sighing." If you can't do it, then I assure you, the greenest one of the first course students in my class at Ann Arbor will be able to teach you—you the editor, author, and great absorber.

You give another symptom thus: *Dull heavy headache with heavy feeling in the sternal region, and burning in the eyes.*

To make this symptom you have combined the following:

Dull headache with burning in eyes (immediately). Hering.

Dull heavy headache with heavy feeling in the sternal region. Minton.

Your text gives Ailanthus not as God has endowed it to act, but as improved by E. M. Hale! Of course such dealing with a pathogenesis gives you the moral courage to say, "I deny the right of any critic to abuse me for not giving authorities." But suppose the critic happens to know that you are not to be trusted, what then shall be done? Why, try and make out that your critic has an evil *animus* and is doing you "injustice."

Another of your improvements on the original is found in this: *Deep, painful, exhausting cough, with asthmatic expansion of the lungs.*

You have made this by combining two separate symptoms:

Deep, exhausting cough with asthmatic expansion of the lungs. Alley.

Cough deep and painful. Alley.

The first symptom occurred in Dr. Alley, the second is one derived by him *ex usu in morbis*. You, then, mix a pathogenetic and a clinical symptom, and call the resulting hermaphrodite a "special" symptom, and, forsooth, ask the profession to accept it, to trust it, on your guarantee!

Another instance of your cobbler-work is this:

Burning in the right lung and under the left shoulder.

Any good physician will know that such a symptom as this is one of the kind in which he especially places trust. Well, you give *them*, for they are distinctly separate as though they were simultaneous, co-existent, which they are not. Of course, to an editor of such easy virtue that citing of authorities which would expose this fraud, is "distasteful," and I freely admit, that to expect such a citing from you is "absurd."

Thus have I considered some, not all, of your falsely-stated and fraudulently-manufactured "special" symptoms, and on them alone I can safely and justly accuse you and your book of being *alike* unreliable.*

But this is not all, for I have said nothing of the symptoms which your profound wisdom has led you to omit. In regard to your fitness to sit in judgment upon the value of symptoms there can be no question among educated physicians. If, then, I condemn you to the unlearned, I waste my time because they cannot know;—and to condemn you to the learned is superfluous. Your defects, natural and acquired, make you, as an editor, an injury to our literature, and as a positive evil you gather strength with each new edition of your *New Remedies*. You have made a questionable reputation by the *New Remedies*, and you are using that reputation to-day to disfigure and defile the honest work of abler and better men than you can ever hope to be. Indeed, it would dishearten any other man than you to think that after all your years of pen-work you have earned only the distrust of those who by special study are qualified to judge your work; that all the way from George

* I am too busy just now to do you and your book justice by a full exposition of your sleight of hand, so that, if any one is envious as to the manner in which you do your work I ask him to compare *Cornus circinata* in your fourth edition with the schema arranged by Dr. Marcy twenty-two years ago—N. A. Jour. of Hom. Vol. III, p. 290—and he will find that you are one who darkens counsel.

E. Shipman, the gentleman, the scholar, the physician, the christian, down, down, DOWN to Sam Jones, the scapegrace, you look for confidence in vain; that to a raw student your book is like a wrecker's beacon-fire whose false light can allure to shipwreck and to death.

"Oh wad ye tak a thought and men'!
Ye aiblins might—I dinna ken—
Still hae a stake—
I'm wae to think upo' yon den,
Ev'n for your sake!"

SAMUEL A. JONES.

An Open Letter to S. A. Jones, M. D., Professor in the University of Michigan.

Dr. Lodge kindly sent me your "Open Letter," but I must decline any formal answer. Its tone and temper is so much at variance with that adopted by refined and dignified literary and scientific men, that it seems sadly out of place in this century and in the columns of a professional Journal.

I have neither time nor inclination to refute the puerile charges, or denounce your uncourteous language. It may be considered in good taste, as coming from a "christian gentleman," and a "University Professor," but not from an earnest laborer in the field of *Materia Medica*.

It may occur to those who read your letter, that a book which has met with such unusual favor: a work of which four editions have been emphatically called for, by a learned and honorable profession, cannot be such a very imperfect book. It may also occur to the profession that it would be far more proper for you to abstain from chronic fault-finding couched in slang phrases, and devote your energies to writing better and more perfect and extensive works than those now written. You will not lack for publishers, and none would welcome such a work more cordially than myself.

In conclusion let me assure you that stronger men, and more malicious (if possible) have again and again tried to crush out my "New Remedies," and injure my personal reputation; but a Divine Providence has not allowed them to succeed. The "dirty water" they have thrown has always returned upon them. All their efforts at professional and social injury and depreciation have resulted ignominiously.

My brief answer to your intemperate attack, was written against my better judgment: and so far as I am concerned this note shall be the last.

While I am always ready to engage in a dignified controversy, to defend any theory or doctrine I may adopt, I will not stoop to enter the arena of personal abuse.

E. M. HALE.

CENTENNIAL MEETING.

PHILADELPHIA, August 10, 1875.

EDWIN A. LODGE, M. D.—Dear Doctor: I am preparing some Surg-Mss. for the Observer, and will send same in a few days.

I sent you two of our daily papers to show you that we will be likely to have plenty of hotel accommodations for all those who may attend the World's Homœopathic Convention here in 1876. You will remember the first meeting occurs on the 26th of June, a week before the 4th of July ceremonies, that will draw the greatest numbers of visitors to this city probably at one time, so that all will get good accommodations that come to the convention previous to this inrush.

I call your attention to this matter so as to correct an impression prevailing out West and elsewhere that Philadelphia was not going to provide suitable hotel accommodations for her next year's visitors, and that enormous rates for board are to be charged. Not long since the principal hotel keepers have held a meeting and agreed upon a scale of prices I understand, and the rate will be but a trifle above the present rates, if any increase is made at all. In the spring I hope to be able to furnish you a list of the principal hotels and their rates when all is ready for the exhibition.

With respect, I am fraternally yours,

BUSHROD W. JAMES.

CALIFORNIA.

SAN FRANCISCO, July 30, 1875.

MR. EDITOR:—In the June number of the American Journal of Hom. Materia Medica upon page 409, there appears an article over the signature of "H. N. M.," entitled "Answer to an Anonymous Pamphlet, etc.," in which the writer refers to a previous pamphlet which he regards as the outbreak of a jealous feeling on the part of a few physicians, because one man was popular with the people. He regrets "such squabbles." So would anyone if they were from such cause as he has represented. Now, inasmuch as the apparently one-sided opinion of "H. N. M." has been given to the profession, it would seem no more than justice to all that the subscribers should make it known that they consider Dr. Fraser's pamphlet a damage to the good name of Homœopathy, and that it contains statements *utterly devoid of truth*. The pamphlet referred to by Dr. Fraser bears the names of three-fifths of the committee who investigated the charges against him, and therefore is *not* anonymous.

There are in this city twenty-three physicians practising homœopathy, who were here during the investigation, and who are cognizant of the facts in the case, and of that number the undersigned would distinctly say, that it is on account of unprofessional conduct on the part of Dr. Fraser that they make this statement, and that all the jealousy that exists is for the cause of Homœopathy, and the honor of the medical profession.

A sufficient number of facts can be furnished to substantiate the position here taken, if necessary.

(Signed,)

J. A. Albertson.	J. P. Dinsmore.	C. O. Hand.	E. D. Smith.
J. S. Beakley.	J. N. Echel.	H. H. Ingerson.	F. H. Thomas.
John J. Cushing.	J. Esten.	H. Knapp.	Max. J. Werder.
G. E. Davis.	J. F. Geary.	G. M. Pease.	M. T. Wilson.

WESTERN ACADEMY OF HOMŒOPATHY.—The above-named Institute will meet at Davenport, Iowa, the first Tuesday in October (October 5th) 1875.

Members of Bureaus are requested to have papers prepared for presentation; also, to notify Chairman of their Bureau of the subject of their article—this to be done at least two weeks before the meeting.

Chairman of Bureaus are expected to give their personal attention to papers relating to their Bureaus, which may be referred to them.

Members unable to attend should send papers to Chairman of Bureau to which their article relates. Members not on Bureaus may send articles to General Secretary, with title or subject of papers.

An Applicant for membership should address the General Secretary, giving full name and address; time and place of graduation, and be endorsed by three members of the Academy having a personal acquaintance with him.

Applications should be sent to the General Secretary not later than the 25th of September.

Papers and other documents sent to the General Secretary will receive proper attention.

Any other information regarding the Academy may be obtained by addressing
J. MARTINE KERSHAW, M. D., General Secretary.

HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—E. A. Lodge, M. D.—Dear Doctor: Please make note of the fact in your next issue, that the State Society will hold its Semi-Annual Meeting in New York City, the third Tuesday (21st) of September. The Society will probably hold a two days session in view of the fact that during the meeting exercises appropriate to the celebration of the Semi-Centennial of the introduction of Homoeopathy in America will be held under the auspices of the County Societies of New York and Kings.

Please accept a cordial invitation to be present on that occasion.

Yours, truly,

FRANK L. VINCENT, Secretary.

CINCINNATI MORTALITY FOR JULY, 1875.

Total Number of Deaths.—First week, 150; second week, 116; third week, 135; fourth week, 91.

Total Mortality for the four weeks ending July 31, 492; or about one-fifth of one per cent. of the population.

Prevailing Diseases.—Cholera Infantum, Diarrhœa, Enteritis, Dysentery, Convulsion, Consumption.

Cholera Infantum.—First week, 39; second week, 21; third week, 17; fourth week, 6. Total, 83; or about 16 per cent. of all the deaths.

Diarrhœa.—First week, 8; second week, 13; third week, 8; fourth week, 10. Total, 39; or about 8 per cent. of the whole number of deaths.

Convulsions.—First week, 8; second week, 12; third week, 14; fourth week, 7. Total, 41; or about 8 per cent. of all the deaths reported.

Consumption.—First week, 17; second week, 13; third week, 21; fourth week, 12. Total, 63; or about 12 per cents. of the whole number of deaths.

Meteorological Phenomena.—Mean temperature for the month, 77° 20; maximum, 96°; minimum, 66°; mean humidity, 74.64; amount of rainfall, 9.63 inches, being three times the usual amount. C. P. H.

REMOVALS.

ABBOTT. Dr. Geo. C. Abbott from Matamora, Ind., to Milan, Ind.

BECKER. Dr. Benj. Becker from Pottsville to Cressona, Schuylkill Co., Pa.

CHAPPELL. Dr. W. H. Chappell from Hampton, Iowa, to Oregon, Ill.

GILCHRIST. Dr. J. G. Gilchrist from Tideoute, Pa., to Detroit, Mich.

GREEN. Dr. B. F. Green from Lynn, Mass., to 1070 Washington st., Boston.

HERRICK. Dr. John I. Herrick from Necedah, Wis., to New Lisbon, Wis.

HILL. Dr. F. K. Hill from Lima, N. Y., to Rockford, Ill.

JOHNSON. Dr. S. A. Johnson from Hastings, Mich., to Kalakacka, Mich.

KIRKUP. Dr. E. Kirkup from Salina City to San Luis Obispo, Cal.

POWLSON. Dr. P. W. Powlson from Council Bluffs, Iowa, to San Francisco.

PRICE. Drs. E. C. & C. E. Price from 110 N. Eaton st. to 262 Madison ave., Baltimore.

ROUTH. Dr. Geo. E. Routh from Decatur, Ill., to Austin, Texas.

TOOKER. Dr. R. N. Tooker from 238 North Clark st. to 208 North Dearborn st., Chicago, Ill.

Padonology.

THOMAS NICHOL. M. D., LL.B., MONTREAL, CANADA, EDITOR.

CHOLERA INFANTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MISSOURI.

(Continued from page 352, July, 1875.)

SUMMER COMPLAINT—CONTINUED.

Without entering into a detail of the symptoms peculiar to this condition, I shall at once proceed to its therapeutics.

REMEDIES.

Where there is a tendency to diarrhœa, and when this is the predominant feature of the disease the following remedies will be found to usually fulfil all the requirements of the case.

Antomonium crudum. Is indicated in cases of watery diarrhœa, with deranged stomach; white coated tongue, loss of appetite, eructations and nausea.

Bryonia alba. When the diarrhœa is aggravated by cold drinks, or by anger and chagrin.

Calcareo carbonica. In cases where the diarrhœa has assumed the chronic form, and is especially suitable to children that are emaciated and scrofulous; other indications are, great debility, pale face, and voracious appetite.

Colocynth. Bilious diarrhœa, accompanied by violent spasmodic, colicky pains.

Phosphorus. In cases that have become chronic; painless discharges, and gradual loss of strength.

Phosphoric acid. Watery and slimy diarrhœa, with discharge of undigested substances, or involuntary stool.

Podophyllum, Petroleum, Muritic acid, Sulphur, Graphites, Cina, Leptandra, and all the remedies mentioned under previous headings may be indicated in summer complaint, whether its most prominent features may be diarrhœa, dysentery or gastromalacia, I therefore shall give under each of these conditions a few of the most characteristic remedies.

Where dysentery is the most prominent feature, the remedies not already referred to are : *Baptisia*, *Capsicum*, *Hamamelis*, *Polygonum punctatum*, *Secale cor.*, and *Veratrum viride*.

When there is evidence of tendency to softening of the stomach—such remedies as *Argent nitricum*, *Causticum*, *Bismuth sub nitrate*, *Hydrastin*, *Nitric acid*, and *Sulphuric acid*, may prove beneficial.

Dr. T. G. Comstock, in an article on *Summer complaint* in the "U. S. Medical and Surgical Journal," vol. v., page 210, says :—

"To manage a case of disease successfully, will often tax all the powers of a young physician, as well as one who has years of experience, and 'grown gray in his profession.' Before giving any advice as to the medicines necessary, we wish to say that, where it occurs in large cities, a change of air for the child is advisable. If circumstances allow, it is well to send the patient to some northern climate, where the heat is not excessive. We prefer the seashore, mountain air, or near some lake, where the surroundings are pleasant and agreeable. This change will save the lives of a great many children, but in most cases, in ordinary practice, it is impracticable, as the means of the parties will not allow them to go away with their children.

MEDICINES. For the diarrhœa, if without fever, and the passages are undigested, alternation with watery stools, with nausea, furred tongue, and the attack has come on after a constipation, *Antimonium crudum* 3rd, may be given. Evacuations frothy, painless, but worse after eating, *China* 2nd.—Evacuations smell sour, breath sour, dentition retarded, abdomen bloated, child emaciated, and other remedies have perhaps failed, *Calc. carb.* 2nd. In some cases where the stools were chalky, with no appearance of bile in them, especially in infant artificially reared, children who seem subject to frequent attacks of bowel complaint, we have given a trituration of *Phosphate of Soda* 1-5, in doses of from one to ten grains three times a day. In the diarrhœa accompanying whooping cough, in cases where the children are greatly emaciated and digestion was impaired, it has many times proved a very valuable medicine. We call the attention of our professional brethren to this remedy, and one of the principal indications of its use is where the bowel complaint has been induced from the want of a requisite variety of food.

Where the stools are serous, watery, sometimes involuntary with great pain, *Oleum Crotonis*. Compare also, with the last named, *Elaterium*. Yellowish, profuse stool, *Jalapa* 2nd ;—vomiting and nausea, *Ipecac* 2nd, *Pulsatilla* 3rd, or *Arsenic*. 30th ; vomiting and nausea, with very foetid stools, child sinking, *Kreosote* 1st attenuation. This is a very important and effective remedy, useful (I may say sometimes specific) in chronic dysentery. Evacuation slimy, with straining, gums sensitive and swollen, child sweats much, and has aggravations at night, one of the following preparations of Mercury may be selected: *Mercurius sol.* 2nd, or *Merc. dulcis* 2nd.—other remedies, such as *Acid Phosph.*, *Acid Sulphuric*, *Podophyllum*, *Secale*, or *Veratrum*, will be often indicated ; the last named may be given in profuse diarrhoea with vomiting, involuntary stools, and great tendency to a collapse ; if the child has fever, either *Aconite*, *Belladonna*, *Bryonia*, *Rhus tox.*, or *Gelseminum*, may be selected, and in some cases, alternated with one of the other remedies.

Dr. Richard Hughes recommends *Nux Vom.* and *Lycopodium*, where there is evidently a muco-interitis. He also suggests the use of *Phosphorus*, *Arsenic*, or *Phosphoric acid*, for the diarrhoeas which accompany the 'wasting diseases' of children. Another remedy not to be neglected, is *Colocynth*, for greenish stools, accompanied with severe colic pains. *Chamomilla* we have not spoken of, but it is the remedy in slight cases, where there is much rumbling in the bowels. In children from two to five years old, where the diarrhoea becomes chronic and has resisted all other remedies, an infusion of *Cistus Canadensis* (Frost-wort) will be found worthy of trial.—This 'Frost-wort' is useful in chronic dysenteric-diarrhoeas of adults, as well as children. We have certainly cured a great many cases with it, after other remedies had been tried in vain. Another remedy seldom used, but often found servicable when the child is irritable and restless, showing symptoms of exhausting and a general decline, is *Staphysagria*.

DIET. One great cause of summer diarrhoea in young children, is that the mother, believing that she has not enough milk to nourish the baby properly, feeds it artificially, and thus deranges the stomach. A young child, until the first incisor teeth come through, does not need anything but its mother's milk. Mothers will not believe this—they nearly all insist that they have 'not enough milk,' and begin to stuff the child with something else ; they insist that 'the child is starving.' Now this is a very popular error, but so deeply rooted,

that we seldom succeed in getting it out of the mother's head. The All-wise Being who gave the child to the mother, has, in the greater majority of cases, provided her with a secretion of milk sufficient to sustain it.

Another very popular error, which has become quite fashionable is, for the mother to insist that she must constantly drink lager beer, in order that it, the beer, shall 'make milk.'—According to Dr. Condie's statements, lager beer actually lessens the quantity of the milk. After the mother milk, cow milk is the best diet for children under six months; it should be properly diluted, and not given too strong. Condensed milk will be found appropriate, if cow's milk of good quality cannot be procured. In one instance that we call to mind, in a child whose mother died during confinement; the child was 'brought up by hand,' upon condensed milk, and took no other sustenance for seven months or more. This child did well, and the condensed milk proved to be a great convenience.—When children are weaned, the best diet for them is beef tea, arrow root, Liebig's food, gelatine, or carrot pap.

This carrot preparation is admirably adapted to scrofulous children. We have used it for many years, and can speak highly of it. It is good for adult dyspeptics, as well as for children. The following formula for its preparation we extract from "Bednar's Kinder-Krankheiten," page 39:—

"An ounce of finely grated carrot should be put into half-a-pint of cold, soft water, and should stand twelve hours, being frequently stirred; it should then be strained through a sieve, and all the juice pressed out. This juice is then to be thickened with grated bread or arrow root, and to be set upon a slow fire. After boiling up once or twice, it should be sweetened, and is then ready for use.

The juice of the carrot combined with water-crackers or crusts of bread, contains all the material that is necessary for the nourishment of weaned children—albumen, starch, gelatin, sugar, fat, and salt, and finally, even the phosphate of lime, and phosphate of magnesia. In the preparation of this food the greatest cleanliness must be observed. The juice must be prepared fresh every day, and must, moreover, be carefully watched, lest fermentation ensue. The large and full-grown carrots are preferable to the young and small, this article of diet is also recommended for older children suffering from scrofula, worms, and rickets, and is also suitable for patients convalescing from acute diseases."

In older children, when the diarrhœa has become chronic, the existence of worms may be a cause; if so, Santonine or

cocoa-nut rind, should be given as vermifuges; but if no worms are present, then it is recommended to give the child some cider once daily, and some one of the remedies for diarrhœa above indicated may be selected.

It should be borne in mind that softening of the stomach, and water upon the brain, are complications of the summer complaint. Both affections are almost incurable, but occasionally a child recovers from the latter. The great thing in summer complaint is proper ventilation; keep the child in a temperature of about 60 Farenheit, and when the weather is intensely hot, see that it is lightly covered, and do not annoy the little thing by keeping upon it flannel garments, for they only assist in keeping up the irritation and enervation of the child. The child should be daily carried out in the fresh air early in the morning, and after the sun has gone down.

COFFEE IN SUMMER COMPLAINT.

Before closing this article, we desire to call the attention of our medical brethren to the use of coffee as an aliment and stimulant in this disease. We noticed an article some years since, written by Prof. Dr. F. W. Hunt, of New York from which we extract the following:—

“Coffee as an article of diet, as well as a medicine, is highly useful in the summer complaint of children. Extreme emaciation, distended abdomen, pulse small and frequent, great restlessness, imperfect sleep, with eyes half open, and convulsive motion of the eyes when awake. A teaspoonful of the ordinary infusion of coffee has arrested the vomiting, causing tranquil sleep, changed the character of the evacuations from the bowels, and improved the digestion and general strength.”

Those physicians who always interdict coffee, will be surprised at the above, but our experience confirms what Dr. Hunt has so well and plainly described. Before we had our attention called to Dr. Hunt's recommendation, we had often noticed non-injurious effects of coffee in similar cases, where mothers insisted on giving it; but after reading the above, we took occasion frequently to prescribe it, and, in a great many instances, with the best results. In some instances, children who were almost in an extreme case of marasmus, have been

sustained by coffee alone, for several weeks, and have finally recovered.

It has been our practice to give it with cream and sugar ; but in some cases, we have given black coffee without cream, but sweetened a little. Dr. Ludlam has also recommended it in similar cases. In marasmus, there is a tendency to decomposition of tissue, and coffee is well known to prevent such a decomposition, and thereby it is most useful in circumstances of unusual fatigue or deficient alimentation.

Another remedy which acts similar to coffee is Coca ; the leaves are officinal. This Coca is a Peruvian plant, and can now be obtained of pharmacutists in New York. Several years ago, we obtained some from Peru, and found it to act like a charm, in cases where digestion was weak and difficult. It is very different from and not at all related to cocoa ; it has the peculiarity of producing a pleasant excitement. To children with marasmus, we have given it in a weak infusion, it is a remedy of great practical utility in cases of confirmed dyspepsia, and is especially useful for hypochondriacs. Several years ago I experimented with it upon myself. It is a most powerful and agreeable stimulant to the brain and nervous system ; is especially useful to counteract fatigue of mind and body, and enable the prover to live upon at least one-half his daily allowance of food. I hope our brethren will experiment with this medicine. Its technical name is *Erythroxylon Coca*."

Dr. J. C. Morgan in a little pamphlet on "Diet of Infants and Young Children," says:—

"Firstly : However agreeable and nutritious any diet may be to-day, rotation of the bill of fare is sure to be required at sometime, or disgust, indigestion, etc., will follow.

Secondly : The food must be composite-nitrogenous as well as carbonaceous, to supply at once flesh, fat, and animal heat. But these are to be variously proportioned in divers cases.

Thirdly : It must not appear in the stool undigested, or be vomited in a like state. Quality or quantity, either one, may be at fault and must be rectified.

In this connection, let me say—we should always demand a daily exhibition of the diapers. Children often of indigestion, discovered only when they are moribund, perhaps, and that too when they have had but the mother's milk, abundant, agreeable even, but curdling in the intestinal transit ;—showing a good hue, but closely resembling chopped or curdled eggs ; the mother daily testifying that the stools are perfect. A temporary abstinence from natural food, and a substitution of pure cream, or other nourishment, with the right medicine, (not forgetting the mother) may often restore the babe to the breast in a few days. If even digestion be good, quantity may overdo its action, or again, deficient supply may require to be supplemented artificially. Amongst the artificial dietetics, we find some whose normal temperature is somewhat high, as milk and cream. As a rule, food at the heat of the stomach itself is best suited to this organ, and great harm may be done by neglecting to attend to this point. In other cases, easily distinguished, nature craves and must have cooler food.

Milk is the foremost on the list, even in its ordinary state ; but for all that, babes have often starved to death on it, because of not digesting it. Amongst the special articles, one of the first to be named, is *pure* cream ; warmed, diluted and sweetened, or frozen, or natural, it is a grateful and nutritious substance in very many instances ; sometimes a little laxative, and thus differing from the farinaceous. If frozen, it is of course to be used in very small positions, and to meet a definite craving of the patient, not a mere notion, but a real instinct, as in other cases of peculiar appetite. But cream from the cow, as well as milk, is liable to dangerous contamination by the weeds of the pasture ; hence must be selected with reference thereto. How many colics and diarrhœas come by that channel, who can tell ?

Cream which is illy separated from the milk, has often the same fault of indigestibility and consequent coagulation in the primæ viæ with itself. Even pure rich cream may prove unacceptable, causing vomiting ; when, by adding warm water

in new-born children, four parts of water to one of cream, with a little white sugar (or sugar-of-milk) it may do quite well ; but the whole stock must not be diluted at once, since the process of putrefaction is thereby favored. In summer it should be preserved on ice in vessels of fastidious cleanness. If gastric irritability be marked, very small quantities of this or any other nutriment are to be given at any one time, but frequently, as the organ will bear it without vomiting or disgust ; say a teaspoonful every half-hour. In some cases the rectum may supersede the stomach as the receptacle of food, of which yolk of an egg with cream is probably the best form, two tablespoonfuls being injected every two to four hours, for a little child. Nutrition may be maintained through many days in this manner.

But other components of cow's milk may sometimes be separately utilized. The curd separated by rennet, sweetened, or even, for older persons, the well known "schmier-kaas," or cottage cheese, with cream and salt, and possible pepper, may prove acceptable and digestible in case of général loathing.—Whey, the curd removed, being the residuum after treatment by rennet, contains the sugar and salts of milk, and is by no means valueless as a semi-nutritious and bland, broth-like fluid, when only such things can be borne. Into all these preparations we may presume that there enters a certain quantum of modified Pepsin, which may be expected to exert a happy calalytic influence upon the stomach, and its other contents, whatever they be. As for themselves, being already digested by the same agent, they are more manageable by the enfeebled organs, than the original milk.

The universal voice of the profession is for milk of one cow, Very well, if the milk be young, and the milkman honest(?). By young milk is meant that the calving of the animal is recent. Sometimes, the milk of one locality proves hurtful, that of another beneficial. Young cows are also preferable. Asses' milk is probably the most nearly normal of all substitutes for that of the mother ; but the comparative rarity of this creature in America, renders it more a matter of curiosity to use than otherwise.

In any case, whether of choosing a wet-nurse, or a cow, or any other animal, as the source of an infants food, the age of the secretion should be less than that of the baby. That is to say, for instance, that a cow with a calf one month old, may do very well to feed a child six or nine months. An older udder, on the other hand, may but add to the causes of inanition. Wherever the casein transcends in proportion to the powers of digestion, as often occurs with an old secretion, even of the mother, mischief is inaugurated forthwith. The cure lies in its refections by the wary physician and nurse, with perhaps a little medication.

In this country, the most common substitute for the mother's milk, next to that of the cow, is goat's milk. A young secretion bears a fair resemblance to good human milk, and more frequently agrees with even a sick infant than even the best selected cow's milk. supposing it to be used entire ; as, if the digestive organs be good, it may indeed sometimes be, especially in children who have acquired some general and gastric tone, of which the forwardness of dentition is a pretty good criterion. Whatever the form of milk used, let it never be forgotten that the diaper is the final test of results, and the coagula of casein, a sufficient condemnation of the article in use, as a present diet for the particular patient, which no amount of dilution can set aside.

Condensed milk is now so common in commerce as to have become an important substitute for the recent article. Sufficiently diluted, it is certainly better than the latter, injured as it often is, by the vicissitudes of the hot season. Its character must, however, depend upon exactly the same considerations with ordinary milk. Careful selections and preparation may render it invaluable. But of this, at present, we have to run the risk. In extreme cases, a swab or teat of linen may be dipped repeatedly into cream, or any chosen fluid, and the child permitted to suck it. Even the well known "sugar-teat" (white sugar tied up in a piece of linen) with all the fear of "swallowing wind," swallowing the rag, etc., etc., which varying its use, is an occasionally valuable method of conveying nourishment ; and may contain other things besides sugar,

suited to the purpose. Butter is too much of a bugbear to those who feed young children ; it is calorifacient, palatable when good, and usually digestible.

Many other articles of the infant's diet list require for preparation the aid of milk, in some form or other ; its excellence is therefore a matter of prime importance, in a very large number of cases. Buttermilk should not be forgotten ; if sound, it may be of use in low conditions of the digestive system ; it has been beneficially added to rice flour gruel.—Next to these, we naturally consider the substances known as farinaceous.

And first of these, the starches, viz : arrowroot, tapioca, sago, tous les mois, salep, corn starch. These hydro-carbons alone are calorifacient, and so far useful in that direction ;—but are utterly without value in nutrition of the undue combustion and waste of these in the process of calorification.—They also allay the sense of emptiness and hunger, when other food cannot be taken. The same may be said of sugar in every form, including honey, molasses, rock candy, gum drops, etc. A dash of tea or coffee, in diluted and sweetened milk, (formerly called “cambric tea,”) may have a more positive influence against waste in such cases ; supposing them medicinally unobjectionable.

Mucilages, as of gum Arabic, or Irish and Iceland mosses, belong to the same category with starch and sugar ; barring the iodine of the Irish, and the bitterish cetrarin of the Iceland moss. They are prepared by steeping either in cold, or better in hot water ; sugar or rock candy being added if desired.

[Slippery elm bark, macerated in water, and the water given to the child to drink, is often preferable to either Iceland or Irish moss.—W. C. R.]

☞ Gelatine or jelly, with or without wine, is comparable with the starches and mucilages. As a constituent of soup, prepared from the young shinbone of beef, (not wholly devoid of meat fibre) it may prove valuable. Pearl barley, or rice, may often be added with advantage. So also vegetables ; which, for a young child should be strained out. Vegetable soup itself may be mentioned here ; it is composed of all the or-

dinary market vegetables, in their season so far as convenient, made into a decoction and strained. Out of season, canned or dessicated vegetables may answer. In the preparation of these, and in all other sick cookery, so far as can be, non-metallic surfaces only should be allowed in contact with the materials used. A simple method is to put them into an ordinary bowl, setting this into a sauce-pan of water, and covering the bowl with a saucer, (the "water-bath.") The water in the saucepan is made to boil; and thereby the food is duly cooked. If higher heat is required, a pan of sand, (the "sand-bath") may take the place of the saucepan of water.

Miss Beecher favors the universal use of salt in cooking.—The Germans prepare soups of many things not so used by Americans; and it may be well to learn them. Milksoup, breadsoup, etc., may be said to be soup, or porridge-like preparations of those substances rather thin, and often none the worse for that. The inside of roasted potatoes, perfectly done and mealy, prepared to suit the taste, say with butter, milk or cream, and salt will often prove good food, if no contraindication exist.

As a general rule, all fruit and vegetables have a laxative tendency; but exceptions may occur, and a mealy roasted potato is as little objectionable as anything of the kind.—Fricasseed or steamed potatoes, prepared with drawn butter, may sometimes do better, so far as delicacy of palate is concerned.

Various CEREALS hold a high place as artificial diet. Maize, or Indian corn meal, apparently the crudest of all, at times prove palatable. The white meal being finely bolted, and extremely well cooked with water, salted to taste, and dressed with cream and sugar, is usually wholesome as well as nutritious. Whole, cracked, or ground wheat, barley, rye, oats, rice, beans, lentiles, peas, in soup-like, gruel, or porridge form strained, or made into bread, and as rice, the well-boiled grain all are available, prepared with cream, butter, sugar, etc.—according to circumstances. Strained bean soup has proved "just the thing" for a child convalescing from dysentery.—Pearl barley is the crude article wholly deprived of bran, by mutual friction of the grains during the continued agitation in

a revolving mill, without other change. Farina, a well-known dietetic, is flour prepared from wheat, which has been thus "pearled." Both of these consequently require long cooking in order to render their starchy constituents soluble. Moreover, the pearling process is wasteful of the gluten and phosphates, so needful for the nutrition of muscle, bone, etc., and which are largely removed along with the bran.

A better preparation, probably, may be improvised by an old fashioned recipe. Any kind of flour may be tied up in a cotton bag, dry, placed in a vessel of boiling water, and subjected to a long subsequent boiling. [The flour must be boiled at least four hours.—W. C. R.] The product is then subduced to anew to a powder, and may be kept at hand for use, in like manner requiring less cooking than farina, etc. It is known as "boiled flour." It has some repute as a remedy in diarrhœa, given in the form of "pap."

Hominy—(Indian corn, deprived of its siliceous exterior by steeping in lye)—if soaked in cold water over night, and subjected to long boiling, lastly dressed with butter and salt, is a digestible as well as delicate dish. But for children, the smallest hominy, *Grits*, should be used; so also, in the case of convalescents generally. The thorough cooking of these is the condition of their digestibility.

"*Mush*," renowned in verse, as "hasty pudding," or fine white Indian meal prepared by very long cooking, salted, and dressed with milk, butter, molasses, or sugar, is a well-known, and very important dietetic, often too much overlooked.

The same sort of preparation of oatmeal—"oatmeal mush"—is often preferred; and rye flour is equally in favor with others. Oatmeal is to some, when used at supper, a positive laxative.

GRUELS of the same materials are familiar. Less known, are gruels made of *rye flour* or *pulverized cracker*, or soda biscuit. "Cracker dust," ready-made for other purposes may be employed conveniently for this, and produces a very good dietetic. Unbolted Graham flour, may be used in like manner, thus securing a large amount of nutritious matter, in the way of gluten and phosphates, which are lost in preparing fine flour.

Bran mush well cooked, is often an acceptable dessert for the well, and may be dressed as suggested above; being like other forms of bran flour, laxative to the bowels. Thick or thin, or like gruel, it may become a special diet for children.

Bran bread, or Graham bread, is valuable for similar reasons, and is, like the other forms, in favor with dyspeptics who are constipated, on account of the mechanically laxative effect it exerts. So also, bran crackers. The same may occasionally be used for children, prepared in any of the forms in which we shall have something to say directly. Bran bread pudding consist of the crumbs of bran bread, over which has been poured boiling cream, sweetened to suit.

Rye bread is suitable for rotation with other forms, or even a main diet.

Plain panada, is a primitive but often (when rightly made) very palatable diet. It should be prepared thus: remove the crust of a slice of baker's bread a day old, break it small into a hot bowl, sprinkled with sugar to suit the taste; pour over this a liberal portion of cream or rich milk, and finally enough scalding hot water to cover the bread; chop it rapidly with a silver butter knife, until reduced to a fine loose pulp, (never mash it with the side of the knife or spoon) and allow it to stand until cool enough to swallow, when it should be eaten.

Crackers. sweet or plain, or other kinds of biscuit, dry or soaked in water, or "cambric tea," buttered or not, are often invaluable. Ordinary bread and butter, bread and gravy, and the like, when moist, often afford a good nutriment for even very young children, as most mothers are aware.

Unfermented bread, and biscuit, i. e., that made of dough without yeast, but charged mechanically with pure atmospheric air—may be preferred when common bread sours on the stomach.

Bread toasted, deprived of the crust, may be treated in a similar manner, and may prove serviceable if flatulence from decomposition of food, etc., be a symptom; and also for the mere purpose of rotation. But occasionally it causes such symptoms when not already present, probably in character of *Carbo vegetabilis*. The ordinary milk toast, cream toast, or

water toast, with butter, may often be utilized in the case of children.

Zweiback—bread of the kind called “rusk,” or “tea buns,” twice baked—that is, baked in slices, susceptible of minute division with ease, and may be used somewhat like cracker dust in a gruel form, or in panada, or soups.

Sponge cake, plainly made, is something which most children relish. A similar cake is “lady-fingers.” Both of these may given dry, or moistened, to almost any child, sick or well.

The youngest children, those who have no teeth, may be fed with comparatively strong food, if the mouth of a healthy person be employed to masticate it beforehand. The starchy part of the bread, crackers, etc., is thus acted on by the saliva and all substances perfectly comminuted before administration. Hence, a most important diet for a half-fed infant, sick or well, may often be found in chewed cracker, chewed meat, etc., etc.

A child may, if not voracious, be satisfied by sucking a cracker, or a tough crust of bread, held to its mouth. The same may be said of meat cut into a strip, parallel with the grain, in order not to separate in chunks. But so brittle a substance as soda biscuit should not be so used, lest, as I have witnessed, a small flake getting over the glottis, fatal suffocation occur.

Meats of various kinds are all important in many cases of artificial feeding of infants, whether in fluid or more substantial form. They should be neither too young nor too old; both are indigestible and do mischief, each in its own way.—Mature, but still young meat, is valuable in various forms.—Beef, mutton, and chicken, may serve as types of all, and may be resorted to in rotation. Salt meats may sometimes vary the list.

Common soup has already been alluded to. Decoctions of the above are familiar as beef-tea, mutton broth, or chicken tea. Farinaceous or other addenda, are sometimes employed.

Beef extract, (often misnamed beef-tea) may be prepared fresh, or its partial equivalent obtained from a roast joint when cut. It is best made in a good sized clean bottle putting finely divided beef within it, corking tightly, and boiling the bottle in water for some time. The liquid is then poured off;

a trifle of salt should be added. Salt put in at the beginning of any such process, may become so concentrated as to render the extract or the decoction unfit for use; and even without this, the natural salines may occasionally do the same.

The concentrated beef extract so commonly sold, is, when not objectionable to the taste, of great use. In wafer capsules it may be made applicable in still other cases, perhaps. This is sold as "Liebig's Extract of Beef," sometimes under other names.

Cold infusion of beef, salted slightly, may prove agreeable as a diet drink, when such temperature only is acceptable.—The process of percolation, *a la cafe Francaise*, may be applied by non-metallic apparatus to finely divided meat, the product being kept surrounded by ice; or being finely divided and pounded in a crash cloth, it may afterwards be subjected to a strong press, a little water added to the residue and pressed again, just as in the preparation of the fruit syrups.

Meat, raw or cooked, may be scraped, so as to afford nourishment for an infant; or it may be finely *hashed*, as if for sausage. The latter may be reinforced by potatoes, etc., when not contradicted by diarrhoea. The great danger is, that the comminution may be imperfect. This must be guarded against.

Damacene preserve, consists of raw beef chopped and pounded along with white sugar, until finely comminuted. This has proved a life-saver in many instances. The one doubt of its value, lies in the possible presence of parasitic germs, (as of tænia) in any form of raw meat.

Frying, as a method of cooking is generally objectionable; but meats *broiled* or *roasted* are good; the latter, especially. A close utensil, such as a "Dutch oven," which retains every particle of vapor, is economical of the volatile principles, and hence secures the choicest product; which may then be employed in any of the ways herein alluded to. The same instrument bakes the best Indian corn bread.

An excellent temptation to appetite is found, often in a wafer of beef, the thickness of card-board, cut across the grain, carefully broiled, buttered, and slightly salted; and for a little child, very finely divided.

Stews and *Fricassee*s are adapted to those who can chew, when convalescent, and to whom the peculiar flavor of a roast may be disagreeable; or, in the way of rotation, very fine hashes, may suit some who cannot masticate.

Dessicated meats, i. e., with the moisture completely evaporated, may be sometimes utilized—being easily grated, and con-

taining in this state. a large proportion of absolute nutritious matter. This may be given like the beef-extract, in hot water or dry, in a suitable vehicle, as the wafer, or jelly, or stewed fruit, which may be punctured to insert it; small masses at a time.

Any form of meat diet is of doubtful propriety, to say the least, in typhoid fever, when the urine is without sediment.— And in ulceration of the bowels, any solid food may cause perforation, and fatal peritonitis; whilst ice-cream has killed a convalescent, by intestinal hæmorrhage.

Shell fish, i. e., *Oysters*, (rarely clams,) are often a boon.— The juice or the soup of a plain stew, with cracker, or otherwise, may be the initial form; afterwards, the tender portion of the oyster itself. In stewing, the juices should first be cooked with milk and salt, and the oysters added when it boils; letting them remain on the fire only until heated through. Thus they remain tender.

Oyster hash, very fine, made only of the tender portions of such stewed oysters may be given when that form is most manageable. Even a *fresh* oyster may sometimes be chewed very fine by the mother of a sick or badly nourished child, and prove in this state a grateful and digestible diet.

But one of the most precious hints I have ever received in the matter of diet, was derived from a half-nourished babe, in the presence of a plate of raw oysters. It made such violent demonstrations of craving for them, that the mother, holding a fine one by the tough muscular portion, allowed the child to suck the remainder, which it thus demolished in a short time; and by acting on this hint, the difficulty in the case was bridged at once. I have since repeatedly prescribed the same with excellent effect, even in adults, who, whilst unable to *eat*, could *suck* a raw oyster.

In cough cases, intestinal disturbances, etc., *white of an egg, with water*, kept cool by setting on a bowl of ice, and given in sips, is often a palatable demulcent and nourishing drink. Or if a high temperature be wished for, it may be first mixed with very warm (not boiling) water, and set in a hot water bath, on the stove or nursery lamp.

Egg soup is the same as the last, with the addition of the partially beaten yolk; and in this case a little salt will be desirable. The ordinary *softly boiled egg*, especially with bread crumbs, and a little butter and salt, is a frequently available diet for young children.

Plain custard, i. e., egg, milk, and sugar, without spices, may sometimes prove an agreeable form.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

A MANUAL OF BANDAGING.*

CHARPIE—COTTON-WOOL.

Of this there are four kinds : viz., *raw*, *long*, *rasped* and *web-like*. But one of these, the *raw*, is of moment.

This is made by picking apart the threads of a piece of linen, each filament having a length from 2 to 3 inches ; if they are too short the filaments are apt to *mat* or *lump* together, and so render it unfit for the uses for which it was intended. A good article should be white, soft and light, and somewhat elastic.

The difficulty of procuring a properly prepared charpie, and of keeping it free from mattings has, at present, induced most surgeons to substitute for it clean cotton-wool.

Charpie, or cotton-wool is used in surgery to protect from irritation, to compress, and to slightly irritate, as well as to maintain in equal temperature a wounded member : one of its most common uses is, however, as an absorbent of the secretions from a wounded surface. For these multitudinous uses it is employed under the forms of *plumasseaux*, *gateaux*, *boulettes*, *bourdonnets*, *tampons*, *pelotes*, and layers or *laminee*.

A Plumasseau (*a pledget*)—is but a bunch of charpie which has been drawn lengthwise lightly through the fingers till the filaments of the mass are made parallel with each other, and the mass made of the same thickness and density throughout. It may be used as an absorbent of secretion, for slight compression, or for carrying medicaments to a wounded surface.

A Gateau (*a cake*)—is nothing more or less than a large plumasseau, with the ends of the charpie folded into the centre of

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the mass. Is used more especially for compression and for absorbing the secretions from a wound.

A Boulette (*a little ball*)—is simply a ball of charpie formed by rolling little masses of it in the palms of the hands. They should be soft, elastic and loosely made. Are used for cleansing, or as carriers of sundry medicaments.

A Bourdonnet (*a dossil or lump of lint*)—is a small plumasseau tied closely around the middle, giving it an hour-glass shape. Used as a compress or as a slight tampon in cases of hæmorrhage.

Tampon (*a plug*)—is a large *bourdonnet* and prepared in the same manner as the preceding. Other forms and varieties are in use; as the vaginal, rectal, etc. The two latter are perhaps prepared best from pieces of lint 3 or 4 inches square, soaked in water, then introduced singly, and “crowded closely home.” Sometimes, as in lithotomy, wounds of the rectum, etc., we wish to make strong *lateral* compression; here use a tampon formed over a female (metal) catheter, by fastening the slotted end of the instrument securely to the center of a piece of lint 8 or 10 inches square; introduce this into the wound, retaining the corners of the lint at the surface. When introduced, pack your charpie, or lint, or cotton-wool, closely around the shaft of the catheter, between it and the surrounding piece of lint, till you get the requisite amount of compression. This form of a tampon can be successfully used in these cases, as the lint (fastened to the catheter) prevents the escape of the charpie, or other packing substance, up the gut (in the case of rectal use), or beyond the point where pressure is desired to be made.

A Pelote (*a ball, or pin-cushion*)—is formed by tying firmly a wisp of charpie in a piece of lint, giving it something the shape of an old-fashioned pin-cushion, as made over a broken lamp-stand. Uses; bound over the course of an artery, it serves to arrest, for the time being, the flow of blood through it. It also serves the purpose of a tampon in certain cases of hæmorrhage.

Tents—have also been made of charpie by taking the long fibres of it, doubling in the middle, and then crowding it into the wound. But in our day of sponge tents, and the *laminaria digitata*, such a use of it will not be thought of save, in a case of emergency, when the manufactured tents are not at hand.

The most of the above articles of dressing are now made from what is generally known as "surgeon's lint" (see Compresses). Still, some surgeons prefer the charpie, or even oakum dressing, to any other.

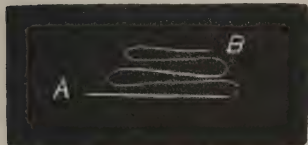
OF COMPRESSES.

These are best made of the "surgeon's lint" cloth, it giving a more smooth, even and regular pressure. Their forms and sizes are almost innumerable, the surgeon using what the exigencies of the case may demand; yet the following brief classification may prove of service. We start with the most simple :

The Square.—Its name indicates its peculiarity of form; it may be of a rectangular piece of the "surgeon's lint," folded in the middle to make a square, thus being double thickness, or it may be built of a succession of smaller pieces to a pyramidal form, forming the *graduated pyramidal compress*. If each successive piece is of the same size as the first, it forms the *graduated regular compress*. In either of the two latter forms, it should be stitched through and through, in two or three places, so as to prevent the pieces becoming displaced.

Perhaps as simple a way of forming a graduated compress is the following: cut quite a long piece of the "lint" of the width of the compress desired, then placing one end of the fragment flatwise on the table to the extent of the size wanted in a longitudinal direction, fold it over upon itself, reversing the motion of the hand, till you reach the initial edge of the first layer; here fold over again, reversing the motion of the hand, and so on. Fig. 1 will give an idea

FIG. 1.



of the manœuvres indicated, as the compress is seen on an exaggerated perpendicular section. A is the initial, B, the final end. In this case some stitches will be needed to confine the folds securely.

The Triangular and **Rectangular** are but modifications of the above, and need no further description.

The Circular is, as its name indicates, a circular piece of "surgeon's lint." We have three varieties of the circular compress: 1st, the *clipped*; 2d, the *perforated*; and 3d, the *graduated*. The first

is the ordinary kind, the edges being clipped inwards to a sufficient extent that it may lie smoothly on a part. The second variety admits of any modification desirable in the position, form or extent of puncture or cut. The third is essentially formed in the same manner as the others of its class.

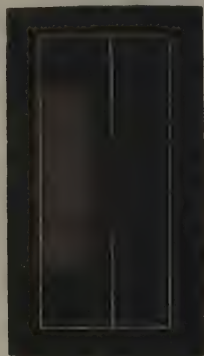
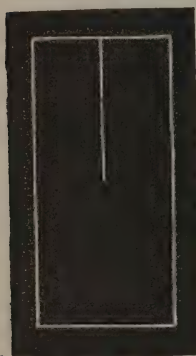
The Complex.—Under this head all perforated and fenestrated compresses, and those of two or more heads, are meant to be included, whether they be rectangular or square.

A Compress of Two Heads is simply a common compress with one end split at the centre as you see in Fig. 2.

FIG. 2.

FIG. 3.

FIG. 4.



One of Three Heads.—A common compress with one end split into three equal or unequal parts, as seen in Fig. 3.

A Sling Compress is a common compress having each end split at the middle, as seen in Fig. 4. It is also known as a *compress of four heads*.

A Compress of Six Heads.—This is a compress similar to *one of three heads*; the difference being that *both* ends are split into three equal or unequal parts.

The Button-hole Compress is one that has two or more slits through its centre, as seen in Fig. 5.

The Perforated Compress is one that has been, as its name implies, filled with small perforations, either by means of a stylet, or small punch, or by having pieces snipped out by the scissors. Fig. 6 will give you an idea of this. Is especially useful as a dressing for a *freely* suppurating surface.

FIG. 5.



FIG. 6.



The Uses of these various compresses are still more varied than their multiplicity of forms. The demands of the case must be met by the ingenuity of the surgeon in devising something appropriate; and, having a knowledge of these more generally used forms, he can choose the one that will be most subservient to his purpose, or modify it to suit the exigencies of his case.

ON BANDAGES IN GENERAL.

Hippocrates has said that in bandaging there is a two-fold purpose to be kept in view; viz.: "that which regards it while doing and that which regards it when done. It should be done quickly without pain, with ease, and with elegance; *quickly*, by dispatching the work; *without pain*, by being readily done; *with ease*, by being prepared for everything; and *with elegance*, so that it may be pleasing to the sight."

There could, perhaps, be no more terse and comprehensive rules to be kept in mind as regards bandaging, than those offered by that great medical sage nearly twenty-five hundred years ago. And yet how often, in the drill our students receive in their class-rooms, has this exercise been deficient both in the teacher and in the taught. Yet, to the surgeon, a smoothly, rapidly applied bandage, aside from its extreme usefulness, has an element of beauty about it that is not readily forgotten. It begets confidence, too, in your patient, in his friends, and adds greatly to your professional reputation. Hippocrates appreciated this, and instructed *his* pupils thoroughly in the minutiae

of the art. To-day it is almost wholly neglected, and even if spoken of at all, is dismissed as hurriedly as possible from the thoughts of faculty and students.

Hippocrates further adds : " The form of the bandage should be suitable to the form and affection of the part to which it is applied. The force of the constriction should be such as to prevent the adjoining parts from separating, without compressing them much, and so that the parts may be *adjusted* and not *forced* together." He further adds, after treating of the subject quite exhaustively, that " the bandages should be clean, light, soft and smooth. The heads of the bandages should be hard, smooth and neatly put on." This, coming from such antiquity, and agreeing with the hospital experiences of the last twenty-three hundred years should be enough to recommend it to your most earnest consideration.

The Maltese Cross.—This is formed from a square piece of surgeon's lint, by cutting up from each corner two-thirds of the way towards the centre of the piece, giving you when completed the form

FIG. 7.



seen in Fig. 7. Another way of forming it is, to double the square piece of lint at its middle, then, transversely to this fold, double it over again ; this gives you four thicknesses of the lint. This done, cut diagonally across this small square, to a distance of two-thirds of the length of the diagonal, beginning at the four *free* corners of the folded lint. On

unfolding, you will find you have a regularly and evenly made cross of this pattern.

USES.—Most generally employed in stump- and joint-dressings, as it readily adapts itself to all convex surfaces, the corners smoothly folding over each other, as it is applied.

A Roller—is the term given to our common narrow bandage ; probably because to be used, it must first have been rolled

FIG. 8.



smoothly and nicely up. Fig. 8 shows you the bandage, or roller, as ready for use. The part A is known as the *head*; the part B as the *initial end*. Figure 8 is therefore a *roller with one head*,

and is classed as a *simple* bandage.

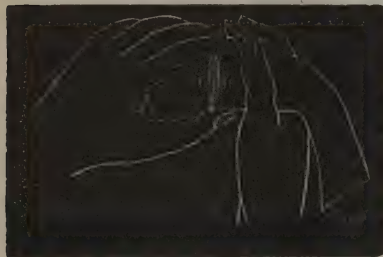
Rollers may be of either one or two heads, at pleasure. In case of the latter the second head is formed by rolling up the initial end (B, in the cut) the same as the head A has been rolled. However, as a double-headed has no advantage over the single-headed roller, save in the bandage known as "the recurrent of the head," and a few others, I shall dismiss it, with but few exceptions, from the work. A single-headed roller is much more easily applied, looks just as well, and, in most cases, even answers the purpose better.

Our single-headed roller has, then, besides the initial end and head, a *plane*, C ; an *internal surface*, C ; an *external surface* ; a *superior* and an *inferior border*.

How to make a Roller.—Rollers are generally made of flannel. In some delicate operations where "heating" of the wound, or the contiguous surface, is feared, linen or cotton has taken its place. The two latter substances never apply so evenly or smoothly as the flannel, as there is little or no elasticity in them. On the contrary, both edges of a flannel roller will lie smoothly upon a part if properly applied—a result difficult to be obtained on the use of a linen or cotton roller ; that is, if the surface be anywise irregular or uneven. Farther than this, the stimulus, from pressure to a part, that flannel often gives, through its quality of elasticity, is a great *desideratum* in most cases that require a bandage. Then, too, if the part should swell, the bandage gives ; if the swelling be reduced, the bandage, in great measure, accommodates itself to this change, "support" thus being continually kept up ; two other important qualities that are lacking in the linen or cotton roller. Of course the two latter have a plea of "cheapness,"—of doubtful consideration, however, when the comfort (present and future) of the patient is at stake.

The flannel having been torn into proper strips, as regards length and width, one end is taken and doubled over eight or ten inches upon itself; this doubled portion again doubled upon itself, and this again upon itself, until it is in proper shape for "rolling," or winding. This is started by gently rolling the doubled portion between the palm of the hand and table, or knee, as the case may be, until three or four turns are taken; then the roll is grasped between the thumb and forefinger (the second finger assisting, if need be) of the *left* hand, the *external* surface (Fig. 8) of the bandage being *up*. The unwound portion is grasped by the right hand and allowed to fall in between the thumb and forefinger, as seen in Fig. 9. (Some surgeons

FIG. 9.



prefer to have it fall in between the first and second fingers, the thumb crowding in closely to the "head" of the bandage.) This done, holding the bandage quite firmly, yet loosely enough to slip, between the thumb and finger, the thumb hugging tightly the "head", by a downward or supine motion of the right hand, you partially circle the forming roller-head, the ring-finger sliding over it as a guide. This done, grasp the roller-head firmly with the right hand (by pressing it against the ball of the thumb with the second and third fingers), pronate the hand as far as possible, then confide the grasp of the roller-head to the thumb and fingers of the left hand to go through with the same manœuvres as before. In all of these motions the *left hand* is to be perfectly immovable, the right performing all the work, save the simple holding of the roller-head when the right is making its supination around it. Although beginning these motions slowly, you can soon increase their rapidity until you can "roll" a bandage with surprising quickness. As soon as the "catch" to it is mastered, it is easily and rapidly done.

How to Apply a Roller.—To be applied easily it must be wound evenly and tightly. Hippocrates said, "the turns of a bandage should be made from right to left, and left to right, except on the head, where they should be in a straight or vertical direction." I would simplify this by allowing the surgeon to suit his own con-

venience, remembering only to place the *external surface* of the initial end to the part to be bandaged. This done, press it firmly with the fingers of the left hand to the member; the right hand grasps the roller-head tightly between the thumb and first and second fingers, and carries it firmly down and around the member (letting it slowly unwind) as far as possible; then grasping it with the left hand, the thumb of the right confining the initial end, complete the turn, overlapping the initial end completely or partially, as you see in turns 1 and 2 in Fig. 10. Make, then, one or two circular turns, as 3 and

FIG. 10.



4, firmly and evenly sweeping around the limb, each overlapping the preceding course about one-third the width of the bandage. "The *reverses*," which should always be made whenever the part to be bandaged assumes anything of a pyramidal or conoidal contour, as they keep the bandage from slipping down, are formed by pressing the first and second fingers firmly upon the superior border of the bandage at the point where the reverse is to be made, thus securing the bandage; then, making a slack motion of the right hand, turn

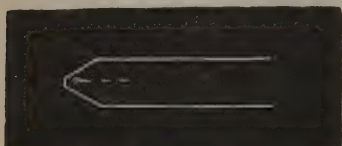
the bandage over *end for end*, by the right hand fingers, and bring what was the *superior* border of the bandage down to the top of the left hand's finger, or fingers that are confining the bandage; you thus make, an *inferior* of what was the superior border. Each succeeding reverse is to be made in the same way. There is also a "catch" to this, although simple as it may seem, that only repeated trials will enable you to become master of. The main points, however, to bear in mind, are: 1st. Keep the bandage always tight and with equal tension at every turn. 2d. Bring it up somewhat diagonally, before making the reverse, and carry it down diagonally (the opposite of the other) after the reverse is made, as you see in the figure. 3d. Always have the edges of the overlapping turn as nearly equal all around as possible; this is best done by keeping a "close eye" upon the upward and downward motions of the roller-head, and after a time this will be done unconsciously. The first few applications of a reversed roller should always be slowly and pains-takingly made,

that your hands may not learn some bad tricks that must be unlearned them before they will apply one smoothly and nicely. *Festina lente* is a good motto in bandaging.

How to Confine a Roller.—To confine a roller properly is a nice point in the application of such a surgical dressing, although it is a manœuvre that is too often clumsily and imperfectly made.

On reaching the terminal end of your bandage, always fold under the edges of the end, so as to bring it to the shape seen in Fig. 11.

FIG. 11.



Then, introduce your pin (*not* perpendicularly but) in a direction contrary to the course of the bandage, as you see in the wood-cut. By so doing you will have it smoothly and *securely* confined. If the roller be very wide, two pins may be necessary. The “strain” on the bandage thus serves only to draw the pin into its place, and no ordinary amount of friction from the bed-clothes or wearing apparel will loosen it.

CLASSIFICATION OF BANDAGES.

In olden times bandages received their names from four sources, viz.: 1st. Their authors. 2d. Their forms. 3d. Their uses. 4th. From some fancied resemblance to some article, or manœuvre.

Thus we have the Hippocratic *rhomb*; the *crooked nose*; the *hare*; the *quadriga*, etc., as epidetic terms frequently to be met with on perusal of old authors. Nothing like a classification proper was attempted by them. Coming nearer to our own time an attempt was made to put them all under the heads of their uses; such as “compressive,” “retentive,” “reductive,” etc. But this utterly failed, as almost any bandage could be used for any of the special purposes for which the others were employed. Gerdy finally brought forward his system, that of referring all to some general figure, as “cross,” “circular,” “spiral,” “figure of 8,” etc., adding as a generic cognomen the part to which it was applied; as “cross of the eye”; “cross of the head”; “spiral of the finger”; “figure of eight of the chest,” etc. Mayor then introduced his system of triangular and quadrilateral bandaging, naming them from the anatomical part to which they were applied; a double name, in fact, the first being the

part whereat the base of his triangle was applied, the other around or over which the ends were passed and fastened, *e. g.*; "occipito-frontal" would indicate that the base of his triangle was at the occiput, and the two ends of the triangle had been passed around and tied at the forehead. This latter system of nomenclature is really the more scientific; but it is hardly convenient to adapt it to our roller bandaging, the system most universally employed. The system of triangles and quadrilaterals of Mayor, though very convenient, will hardly come into general use, as it is impossible to get so smooth and nicely adjusted a triangle as a roller. In some cases, as for instance that of an exigency, it is well to understand his system; as by that you can adapt almost anything to the purpose until a better dressing can be procured.

All bandages are divisible into two great classes, the *simple* and the *compound*. Under each of these are found many varieties, the prominent ones of which will be given under their respective heads.

A Simple Bandage is understood to be of a single strip of flannel, or cotton, and may have one or two heads; may or may not be invaginated. In Mayor's system, a single triangle or quadrilateral, invaginated or not, comes under this division.

A Compound Bandage can be briefly defined as a bandage made up of two or more pieces of flannel or cotton, whether in strips (rollers), triangles, cravats, or quadrilaterals; and may be invaginated, stitched (as a **T**), or modified in any way that the surgeon may see fit.

Besides these two general classes we have a *regional* classification; merely, however, for descriptive convenience, as the execution of a bandage is essentially the same in all parts of the body. These divisions are 1st. Bandages of the Head. 2d. Bandages of the Neck. 3d. Bandages of the Upper Extremity. 4th. Bandages of the Trunk. 5th. Bandages of the Lower Extremity.

This general plan of description we shall follow, giving first the roller bandages belonging to the simple order, following each one with Mayor's that fulfill the same office; and lastly give those of the compound order, Mayor's triangles and cravats following those of Gerdy's system (the roller bandages), as before.

BANDAGES OF THE HEAD.

SKULL-CAP.

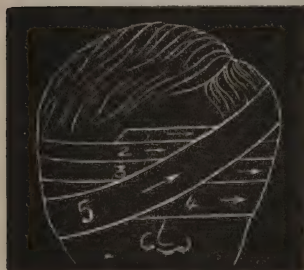
In all of the bandages of the head it is well to first apply a close-fitting flannel or cotton cap, known as a skull-cap, to the head. It retains the bandage better in position, as it keeps the turns from coming in contact with the slippery and sliding hair. It will also be found full as comfortable to the patient, as it tends to keep the hair evenly distributed about the head, and so prevents its matting under different portions of the bandage. Pressure from the bandage is also more equable.

CIRCULAR OF THE FOREHEAD AND EYES.

Description.—It should be three or four yards in length and have a width of from one and one-half to two inches.

Application.—Place the initial end 1 at or near the centre of

FIG. 12.



the forehead, standing at the back of the patient, and confine by a horizontal circular turn, 2. At the 3d turn begin to drop the course of the bandage still more, so that on its completion it shall have been dropped one-half or three-quarters of its width. The 4th turn is to be made in a similar manner, covering the eyes and as much of the face as seems necessary; then, after an upward spiral course, 5, confine the bandage by a pin or thread, at or near its starting point.

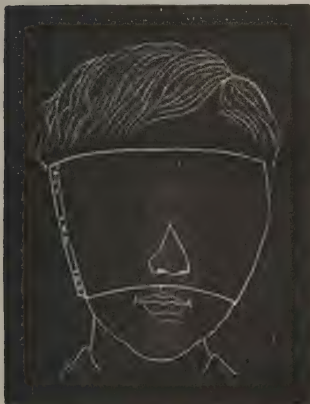
Uses.—This bandage, though necessarily so simple, fulfills many important indications. In wounds of the forehead or upper part of the face, and operations thereon, in injuries and operations of the eyes and nose, and nasal passages, it serves to convey proper soothing applications to the parts, as well as to restrain excessive muscular action, and so facilitates union between the edges of the wound.

THE FILLET OR HEAD-BAND.

Description.—A piece of flannel, or cotton, thirty inches long by twelve inches wide. At a half an inch from the inferior border, midway from the two ends of the bandage, cut out a triangular piece (the base downwards) so as to leave an opening sufficiently large to admit the nose.

Application.—Standing behind your patient, place the centre of the bandage over the face, covering it from the mouth up; the nose being permitted to pass through the triangular opening. Carry each end horizontally backwards about the head, and confine with pins or stitches.

FIG. 13.



The Fillet or Head-band.

Uses.—This bandage admirably takes the place of the preceding in retaining dressings to the parts about the upper portion of the face. It can be used (though it is less elegant) in the place of the Monocle or Binocle, soon to be treated of.

A "*Sling*" and a "*Triangle*" of the face have been devised, but are really not so convenient as the Fillet. The former is a four-tailed bandage (made similarly as the Sling Compress, Fig. 4, page 17). The body of the bandage is placed over the face, and the extremities are carried backwards and fastened, the two superior at the nape of the neck; the two inferior above the occiput; or, they may be crossed at these points and brought forward, and finally confined in front. The *Facial Triangle* is applied in a similar manner. It should be, the base of the triangle, one yard in length; the height, that is from the base to the apex, should be eighteen inches.

Reviews, Book Notices, Etc.

BUFO.

In ALLEN'S "*Encyclopædia of Pure Materia Medica*," in the pathogenesis of *Bufo*, I find the following symptoms:—

Hard tumor and polypi of the uterus.

Ulcers and fissures of the os uteri.

Difficult, painful, and tedious parturition.

Hydatids of the ovaries.

Soft concretions in the kidneys and bladder.

Ascarides and lumbrici.

Ulcers in the urethra.

Large abscesses forming sinuses in the breast.

Swelling of the lungs. (!?)

Swelling, ulceration, and curvature of the bones.

Obesity, epilepsy, erysipelas.

Enormous scrofulous buboes in the groin.

These are a few out of hundreds of symptoms. taken from the notorious Houat's provings, with the 30th potency.

How in the name of consistency, Dr. Allen could have given these symptoms a place in a *pure* Materia Medica, is more than I can imagine. In the Introduction to Vol. I., Dr. Allen distinctly stated that none but *pathogenetic* symptoms could have a place in the Encyclopædia. He even assured the profession that "VERY FEW" "repeatedly verified clinical symptoms," would be admitted, and these he would designate by a small cypher.

Now, when a responsible Editor of a great work like this, solemnly assures us that his work is so *very pure*, should he not keep his word?

In a recent communication to one of our journals, Dr. Allen reiterates his language that no clinical cures, or curative symptoms can be introduced.

I have always considered Houat's proving to be false and untrustworthy; I said so in my *New Remedies*, and think so now, and I warn the homœopathic school to steer clear of them. Sooner or later they will disgrace us if not expunged, as were the false provings of Fickel.

The above symptoms which I quoted, cannot by any possibility be purely pathogenetic. Did *Bufo* cause ovarian hydatids, ascarides, lumbrici, and polypi? Yet no cypher is affixed to these so called symptoms. It is my conscientious opinion that not a single symptom from Houat should be incorporated into the "Encyclopædia of *Pure Materia Medica*."

Consistency has been violated by so doing. In the pathogenesis of *Amyl* we do not find "Angina pectoris," or "flushings at the change of life," and many other disorders which it has many times cured. In *Apoc. andro.*, no mention is made of "acute articular rheumatism," or "gout." In *Apoc. cann.*, no "Hydrocephalus," "Ascites," "Anasarca," etc. In *Aranea*, no "Ague." In *Arum try.*, no "Scarlatina Anginosa—Maligna," "Clergyman's sore throat," etc. In *Asaf.*, no "loss of milk," In *Asclepias syr.*, no "Dropsy" or "Uræmia." In *Asclepias tub.*, no "Pleurisy" or "Pericarditis." In *Aletris*, no "threatened miscarriage."

There are hundreds of new remedies, with few pathogenetic but many curative symptoms, and clinical cases, which will have to go into this Encyclopædia. Will Dr. Allen persist in *putting in* Houat's doubtful clinical indications, and *leaving out* the thousands of curative symptoms of these new remedies, verified by hundreds of the best physicians of our school in Europe and this country? What will he do when he comes to *Caulophyllum*, *Collinsonia*, *Cactus*, *Gelseminum*, *Podophyllum*, *Veratrum viride*, and many others. To leave out the clinical symptoms would be "like the play of Hamlet, with Hamlet left out." There is yet time to undo the wrong doing which has begun; time to be consistent; and time to do justice to *all*.

If Houat's pathogenesis *must* go in, let the *evident* clinical indications, theoretical and actual be left out. There is no

excuse to be made, such as a want of knowledge *which* symptom were *curative*. No name of a *disease* ought to be allowed according to Allen's programme.

In Houat's Bufo, he mentions "Epilepsy," "Erysipelas" "Pemphigus," and many other *diseases*. He records them as *pathogenetic symptoms*, and as such they are copied into this *pure* Materia Medica. I suppose in Sarracenia, we shall find "Small-pox," "Variola," "Scrofula," "Tuberculosis," just as Houat has it.

The Encyclopædia is a great, grand work, but it is a pity it is marred by such inconsistency.

E. M. HALE.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA: *A Record of the Positive Effects of Drugs upon the Healthy Human Organism.* Edited by TIMOTHY F. ALLEN. A. M., M. D., *Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College, &c., &c.; Vol. II.,* AURUM—CARDIUS-MARIANUS. Boericke & Tafel, 1875.

In both editors and horses "time" is a valuable quality, and in both "blood" will tell. We most heartily congratulate the editor and his associates, the publishers, the printers, the "devil," and the binders, in that Volume II. has so promptly followed its predecessor. May the best of health and spirits be vouchsafed to all concerned in the production of this work; at least until it is complete; and then, with such a *Materia Medica* to prescribe from, sickness cannot amount to much.

The volume before us evidences a wider reach and firmer grasp, a smoother working of the elaborating machinery, and consequently, a more finished product.

The art of literary research requires a painful apprenticeship for its attainment, and we are pleased to perceive that Dr. Allen is strengthening his sinews by this arduous and wearying labor. It is apparent that he is penetrating works and riches to a far greater extent than he had done in the preparation of his first volume. Many and many are the lit-

erary journeys that he must make, many the burdens that he must carry, and Vol. II. shows that, like a camel, he has "got his back up." May he meet with many an oasis for rest and refreshment; and may his oldest reader live to hail the completed work!

That the assertion of increased expertness in the art of literary research may not be mistaken for an assumption of all-knowingness on our part, let us say one of the most secluded nooks of Medical Literature is that of *Inaugural Dissertations*. In the last century, and during the first part of this, while the Medical Serial Press was in embryo, this department of Medical Letters was sedulously cultivated, and this class of productions easy of access. To-day the separately published *Inaugural Dissertation* finds its way into the hands of only the bookish few. Well, in the bibliography of BORAX we find our editor citing an *Inaugural Dissertation* which was issued thirty years ago—hence, O Astute Reader, our diagnosis of increased "penetrating power" (and consequently a wider "angle of aperture")* on the part of the Editor.

The importance of, the value of, and the need for this great work must come home forcibly to every earnest physician who consults its pages. Look, for instance, how extensively the old remedies have overflowed their old boundaries—so much having been done by the moderns as almost to lead us to forget what a debt we owe to the pioneers, who had to do *their* work in the wilderness. The single fact that the Vienna reprovings are being incorporated, adds vastly to the value of the work, and when we recollect that these more pretentious gleanings are only a drop in the bucket, we begin to appreciate the wealth of the resources which our editor is aggregating in this pharmaco-dynamic arsenal. *Aurum met.* and *mur.* have each in this way been enlarged; the *Chloro-Aurate of Soda*, and the *Auric Sulphide* in addition are just a prodigal-

* For the sake of a figure I have assumed a position in Optics which I am well aware that many opticians will declare to be a *non sequitur*—but I couldn't forego my figure to suit *them*.

ity of gold. Alas! we turn from these golden pages sad at heart, for our only stock in this article is Tafel's 200th, and *that* both grocer and butcher fail to appreciate. [Courage, my heart; the streets of the City not made with hands, are paved with gold, and perhaps this means that even here we should spurn such stuff with our feet, and fix our soul's desire far above it.]

"But," says some lazy Lotus-eater, "*Belladonna* with 241 'authorities', ugh!" Ten to one that he who thus ejaculates never gives *Belladonna* for croup; and a hundred to one that he never will. If he could only know what he loses thereby, he would then be of that stature which is not dismayed by a "host of witnesses" let alone a mere 241. O my friend, is there any difference to your ear between the grunt of the overfed and the wail of the famine-stricken? Alas, when we cope with the Destroyer the fullness of the earth is often insufficient, and we are not yet rich enough or strong enough to despise anything. This *Belladonna*-weapon comes to us forged with all the cunning of a *Hughes** and an *Allen*, and would that the anvils of these craftsmen could give us every remedy as judiciously tempered and as thoroughly finished!

Badiaga, hitherto a waif stranded on the pages of a journal which not one in ten of our practitioners possesses, for the first time† finds itself on the pages of a *Materia Medica* capacitated by its position for the fulfilment of its fairly-promising usefulness. Its nasal, bronchial, and pulmonic symptoms merit attention and invite comprehension.

Baptisia has come of age and gotten out of Hale's Foundling Asylum. If it had only obtained a chance to have cured that extensively moral English H. R. H., Allen's book would not have been big enough to hold it,

* Dr. Richard Hughes was fascinated by this remedy long before we knew him as one of *us*. *Vide* Brit. Med. Jour., May 20, 1860; London Med. Review, Aug, 1860; Brit. Med. Jour., Sept. 8, 1860.

† I know the *chiffonier's* hook put this remedy in the 3rd and 4th Edition of the *New Remedies*, but I was never yet drunk enough to call the *New Remedies* a *Materia Medica*.

O Dr. Allen, if you had only published the *resume*' of *Bartfelder* some years ago, there never would have been any Tilton—"Go on to the next, quick!" said a chap at our elbow. We suspended the writing of this notice just long enough to say: "Next?" O Asinine, there be seventy-four remedies in this volume, and dost imagine LODGE can sacrifice the *Observer* for the next six months for even so laudable a purpose as a *seriatim* notice of each? "Hie thee to a brewery!" His face lit up at the suggestion, and he incontinently *hove*.

But, really, this is a goodly volume, of which we may say as honest Nick Bottom said to Cobweb—"I shall desire of you more acquaintance. . . . If I cut my finger I shall make bold with you."

A good instance of the labor required in getting up this work is to be found in *Cannabis Indica*. Dr. Allen's list of authorities for this drug is a credit to his industry, but a paper published in another number of this periodical * will show that even his endeavor has not exhausted the field. This paper shows the necessity of quoting from original sources, and is published as a friendly hint to that effect.

Dr. Allen cites Dr. Berridge, *Hahn. Monthly*, vol. iii., p. 461, among his authorities. At page 470 of the same volume and journal, Dr. B. says in a plainly legible foot note: "There are four provings of *Cannabis Indica* in the 'Intellectual Observer,' London." Dr. Allen has seen fit to dodge this reference although the "Int. Observer," is a source easily accessible.—But we most cheerfully testify that, despite these slips, the actual hard work represented in this *resume*' will be appreciated by all who have made similar research.

Speaking of *Cannabis Ind.* reminds us of *C. Sativa*, and we would call Dr. Allen's attention to the following singular symptom: "*Cannabis sativa* was next mentioned as being the only medicine, the proving of which had given rise to a peculiar sensation described by patients as being like *cold water dropping over the heart*. It was a symptom met with in pale,

* See current Volume pp. 409—417.

ill-looking persons, who, without any organic disease of the heart and with a quiet pulse, complained in addition of palpitation, gradual loss of flesh, and gave other indications pointing to imperfect oxygenation of the blood, generally arising from having worked and lived in ill-ventilated rooms. After a time the sympathetic nervous system becomes affected and some irritation in the cardiac ganglia is set up, giving rise to the peculiar symptom alluded to. *Cannabis sat.* promptly relieves it, while the removal of the cause, and simple treatment soon restore the tone of the patient." *

On a previous occasion we have signalized the imperative need for unswerving fidelity in translating, and a foot-note to *Cancer Fluviatilis* leads us to make this feature the subject of our final remarks on this volume.

This foot-note reads: "Translated literally!—A." It refers to symptom 81, which Dr. Allen *translates* literally as follows: "Urine golden yellow, at first not acid, but afterwards slightly acid; with light flakes floating in it (when boiled it frothed a great deal, and when somewhat evaporated, showed much albumen.)"

In his résumé Buchner phrases it: "Urine straw yellow (99° F) acid (at another time feebly acid.) with light flocculi therein; on being boiled, many bubbles rise on it—contains much air, and on being cooled much albumen appears."

In the day-book of prover C. it reads: "At midnight the urine voided was of a gold-yellow color; immediately after being passed, it had a temperature of 99° F., but in the vessel 90° F.; at first without any acid reaction; slightly so afterwards. Thin flocculi floated in the urine—on being boiled many bubbles new formed upon it, and upon cooling a considerable quantity of albumen was discovered."†

All this does not tally with the editorial assertion, "Translated literally!"—that is word for word.

* Monthly Hom. Review, vol. xv., p. 429.

† Quoted from a translation by G. E. Shipman, M. D., *vide* "North-Western Journal of Homœopathy," vol. iii., p. 29.

Leaving the translation aside, let us say that there is nothing in the urinary phenomena of prover C., which demands the use of an ! from any editor or commentator. The information in regard to the temperature of the urine 99° F. Sept. 27, is about normal, but on the 25th it was *only 86° F. when voided*. This should not have been omitted. If we accept Buckner's résumé-text, 'contains much air,' we have a phenomenon noted which has attracted modern attention.*

The appearance of albumen is a by no means unusual sequence of the derangement of chylo-poëtic viscera—a feat which various shell-fish frequently perform.

There is one laborer whose *doing* we may be apt to overlook—Dr. Richard Hughes; but all whose approbation the scholar esteems will know full well what is involved in the immense task of *verifying the integrity of Hahnemann's text*.—The results may figure in unobtrusive foot-notes, and there may be such a paucity of them as to make the labor seem light; but whether many or few their presence or absence alike testifies to the reliability of the text of the *Encyclopædia*.

* See a paper on *The Clinical Examination of the Urine in Relation to Disease*, by Dr. C. Black, *Trans. of St. Andrews Med. Graduates Association*, vol. iii., p. 43. We quote from page 72, to elucidate the important feature of the *Cancer flux.* symptom.

ÆRABILITY OF THE URINE IN DISEASE.

"There is one physical condition of the urine in disease, which has commanded but little attention, but which nevertheless is well worthy of notice. It is the capability of the urine, on being shaken in a bottle to maintain the frothy head caused by the air imprisoned in the form of bubbles on its surface. The duration of this capability varies in the urine of certain diseases. It does not depend upon the density of the urine; but it is owing to the presence of substances which are chiefly foreign to the natural constitution of that fluid. At the head of such substances stand sugar and albumen. . . . Saccharine urine manifests a greater capability of maintaining these bubbles than does albuminous urine.—Hence, diabetic urine possesses the property of æration in the greatest degree; next the urine of diseased kidneys containing albumen; then urine containing bile, and the urine of fever in which albumen is present; after which the capability of æration may be said to depend on the quantity of urea which may be present in the urine, &c."

Dr. Hughes is the scout whose advances are followed by the army of workers ; it is a pure labor of love with him, and when the work is done, we must see that he wears the red ribbon of the Legion of Honor "for distinguished services."

In closing we must beg one favor of the publishers, namely: A foot-note calls attention to a line or lines in the body of the text, and the symbols used in the text are so difficult to *locate*, that it is like looking for a needle in a hay-stack.—No reader of these two volumes can say with Macbeth—"Is this a dagger (†) which I see before me?" Let the foot-note symbols in the body of the text be broadfaced, "and your petitioners will ever pray, &c."

S. A. JONES.

Englewood, N. J., June 26th, 1875.

ERRATA.—On page 520, third line from bottom, for "works" read nooks ; and next line, for "riches," read niches. There are some accented words in author's *MSS.* which printers could not copy, not having such accents in their fonts of type.

THE MYSTERIES OF THE HEAD AND HEART EXPLAINED: *including an improved System of Phrenology; a New Theory of Emotions, and an Explanation of the Mysteries of Mesmerism, Trance, Mind Reading, and the Spirit Delusion—100 engravings; by J. Stanley Grimes. Chicago, W. B. Kean, Cooke & Co., 1875.*

This is an interesting 12mo. volume of 359 pages by a popular lecturer who has been somewhat noted for his exposures of Modern Spiritualism. As a specimen of his work, we extract a part of his account of

ANTI-CHRISTIAN SPIRITISTS.

"From the foregoing, it is evidently necessary to distinguish between Christian and anti-Christian spiritists. The modern spiritists, *as a sect*, probably do not number one million, and perhaps not half a million ; but they are far from being contemptible on that account, for a majority of them are active, proselyting, enthusiastic, and withal, intelligent people, full of moral courage, enterprise and shrewdness. Why are they not Christians? Andrew Jackson Davis was thereal founder of the sect, and he was nominally a Universalist, and so also were all, or nearly all, of the first dozen of his converts and associates. Gibson, Smith, Partridge, Newton, Brittan, and Fishbough, were, I believe, all Universalist clergymen, and accordingly the first communications were opposed to evangelical orthodoxy. The consequence was that many members of the *liberal* Christian denominations favored them, and the orthodox opposed them. But it was soon ascertained that the spiritists had an element which was necessarily fatal to any Christian church.—They professed to receive communications directly from Christ and the Apostles, which contradicted the Bible."

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

THE MEDICAL SCHOOLS.

II.

I have said that the homœopathic practitioner of twenty years ago was held by the public, and indeed, held himself, just a little inferior to his "regular" brother, and it is an interesting inquiry to what extent has the allopath maintained his real or imaginary superiority. It seems to me that the homœopathic practitioners of this continent are divided into three great classes, and the first of these classes is composed of the eminent men who adopted homœopathy shortly after its introduction from Europe. Of these men, A. D. Wilson, M. D., and B. F. Joslin, M. D., LL.D., are the types, and we still possess a few survivors, prominent among whom is John F. Gray, M. D., LL.D. These men were, almost without exception, first-class medical scholars as well as very excellent general scholars, and I strongly incline to think that not a little of their professional success flowed from that fine scholarship in literature and science. In these respects they were the equals of the best of their "regular" compeers, and they stood head and shoulders above the rank-and-file of the allopathic school; and the very fact that they had the moral courage to adopt homœopathic views proved that they were men of independent minds who could neither be coaxed nor overawed.

It would have been well for our school if we had kept up the goodly succession of the Joslins and the Grays, but it is an undeniable fact that many of the men who espoused homœopathic views a quarter of a century ago were hardly fit for the glorious fellowship of these early apostles of the similia. Probably not a little of this inferiority was common to all physicians, for the careful and methodical education of the older practitioners was becoming less and less common, and in the race for riches men commenced the practice of a liberal profession with anything but a liberal education. The time

once was, when the medical profession numbered in its ranks as many graduates in arts as the clerical and legal professions, but the proportion has steadily decreased till now we have not one-fifth the number of the clergymen, and we are almost as much behind the lawyers. Then many laymen, charmed with the ease and safety with which the new evangile of medicine could be practiced, rushed into our ranks, and though many of them turned out good men and true it is an undoubted fact that very many of them were dismal and ridiculous failures. How could it be otherwise? Many of them had a lordly contempt for the sciences which lie at the very foundation of all medical knowledge, and indeed one could hardly expect men to appreciate studies of which they were almost wholly ignorant. Surgery they had the native good sense to avoid, though I have a distinct remembrance of reading of such a practitioner in that dreadful gallery of self-painted portraits which emanated from the Philadelphia press a couple of years ago, and there the hero relates with great gusto how grandly he succeeded in difficult cases of surgery and midwifery, though it is notorious that he never attended lectures, hospital or dissecting room, and that his stately array of degrees—not a single one of which was earned by fair examination—covers an amazingly small stock of professional knowledge.

The first class of practitioners has nearly passed off the stage; the second has either given up the unequal fight or risen equal to the emergency, and now the present generation of homœopathic physicians is in all respects the equal of their “regular” compeers. I would not be understood to say that all the practitioners of the first era were of the stamp I have described, or all those of the second either, but rather that, according to varied observations, these characteristics predominated in the respective classes.

In one particular we tower like Anakim above our brethren of the contraria, and that is in the management of infantile diseases. Allopathic treatment is a veritable slaughter of the innocents, while our mild and beneficent therapeutics is a true gospel of glad tidings to the little ones. I would like to remark here, though I know that some of our high dilution practitioners will doubt the truth of the assertion, that this success is as much the guerdon of the low dilutionist as of the high dilutionist. One of my professional friends

gives nothing but mother tinctures and first triturations, and I very rarely hear of his losing a patient, and yet he enjoys the patronage of a large *clientelle*. This attention to the diseases of children lies at the very root of the large practices which so many of us enjoy, for more than one-half of the population are children, and through the children we get the women, and whoever has the women is pretty sure of getting the men.

Let us see what evidence can be adduced in support of the statement that infantile diseases are robbed of much of their terror by homœopathic treatment. Take a child in good health and subject it to the treatment laid down for a severe disease by even modern authors of the allopathic school, and see what the result will be! I turn to Dr. J. Lewis Smith's excellent "Treatise on the Diseases of Infancy and Childhood," and I find that able representative of modern allopathy recommending the following therapeutic measures in the treatment of pleurisy in children. First he directs one or two leeches to be applied directly to the seat of the inflammation, and the bleeding to be encouraged for two or three hours subsequently by the application of cloths wrung out of warm water. Then after the bleeding has ceased, or in sub-acute and secondary pleuritis, without the employment of leeches, rubefacient applications are to be made over the affected side of the chest, followed by a poultice, or flannel wrung out of warm water, and covered with oil-silk. Here the learned professor gives a caution which is every day disregarded by the practitioners of his own school, though but a scant knowledge of the Principles of Medicine is needed to recognize its correctness. "Moderate counter-irritation diminishes the pain, but vesication at this early period is injurious. A blister applied so near the seat of the inflammation may increase the afflux of blood towards it, and aggravate the disease." Next we are told that "robust patients over the age of three or four years are benefited by the use of cardiac sedatives in the commencement of acute pleuritis," and tincture of Aconite or Veratrum viride are recommended, and the author adds a much needed but oft-neglected caution, which, in plain English, is, "*don't poison your patients.*" Lastly, the inevitable opiate in the form of Dover's powders in doses of from one to three grains, according to the age, completes the treatment required in the first stage of acute

primary pleurisy. Here the little patient is directed to be weakened by bleeding, irritated by blisters, partially poisoned by Aconite or Veratrum viride, and stupefied with Opium, all avowedly for the relief of a disease which is easily cured by two or three well-selected homœopathic remedies in one-half the time and with one-fourth of the suffering.

Or glance at Liebermeister's treatment of typhoid fever, as given in the first volume of von Ziemssen's Cyclopædia. I quote the words of the distinguished author :—"I have usually given calomel in doses of half a scruple, and afterwards of seven and a half grains, so as to administer three or four such doses in the course of twenty-four hours." "For adult patients the full-length cold bath, at 68° Fahr., or lower, is to be preferred. The same water can be used for several successive baths for the same patient ; the bath-tub remains standing full, and the water, representing about the temperature of the room, answers the purpose without change. The duration of the bath should be about ten minutes. In very severe cases it is necessary to repeat the baths every two hours, so that twelve baths are given every twenty-four hours. In some cases that have occurred at the hospital at Basle, the number of baths required by a patient during his entire illness has exceeded two hundred! In children, the surface of whose body is larger in comparison to their weight, the baths may be made somewhat warmer, or of shorter duration, without sacrificing the good effect." "To adults I usually give from twenty-two to forty-five grains of the sulphate or the muriate of quinia. (I find the action of the two salts in equal doses to be alike. *This dose must positively be taken within the space of half an hour, or, at the most, an hour.* (The Italics are Dr. Liebermeister's.) I usually let them take a powder of $7\frac{1}{2}$ grains every ten minutes until the desired amount is taken. Quinine produces equally as good results *in children* as in adults. In order to secure satisfactory antipyretic results, it is necessary, according to Hagenbach, to administer large doses, as follows : For children under two years old, 10 to 15 grains ; for those between the ages of three and five, 15 grains ; for those between six and ten years of age, 15 to 23 grains ; and for those between eleven and fifteen years of age, 23 to 31 grains."

This is the very latest emanation from the allopathic mind, and

soon after reading it last winter I had an opportunity of seeing its effects. A couple of allopathic physicians—of whom we may charitably say that it is to be hoped that advancing years will bring with them increased wisdom—each got a child ill with the prevailing typhoid. In the matter of calomel, Herr Liebermeister was followed to the letter, and the cannonade of calomel was followed by stunning vollies of quinine, accompanied by cold baths every two hours. The learned pundits—each of whom holds himself infinitely higher than any mere homœopath—were quite astonished when, after two days of this treatment, the patients died, unable to stand treatment which might be suitable to a brazen statue or to a giant in rude health, but which is mere lunacy when applied to tender children. I have no hesitation in saying that, if a well-read practitioner of our school had attended these cases, in all human probability, the patients would have been alive to-day. He would have administered a well selected homœopathic remedy in the dose sanctioned by experience (*his* experience, mark you, not that of a closet-theorist who never attended half a dozen cases of typhoid in his life); he would have kept the patient cool with tepid sponging, and comfortable with olive-oil inunctions; he would have regulated the diet in the most careful manner, and, by the blessing of God on His own law of cure, the children would have been restored to health. TAILLEFER.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fifth annual meeting of this Society was held at the State House in Montpelier, on Wednesday, June 2nd. The meeting was called to order by the President, Dr. C. H. Chamberlain, of Barre, and the records of the semi-annual meeting, held in Burlington, were read and approved.

The committee on a State Board of Health reported that it had seemed inexpedient to bring the subject of the establishment of such a Board before the last Legislature; but they should urge further action at the proper time. The committee also showed the necessity for securing equal allopathic and homœopathic recognition and representation in the appointment of all public medical officers, particularly in the organization of all State and Local Health Boards.

The Board of Censors reported favorably upon the following physicians and they were duly elected to membership: Miss Jane A. Rich, M. D., of Richville; C. A. Jackman, M. D., of Morrisville.

The Bureau of Surgery was then opened and several interesting cases reported by Drs. H. C. Brigham, James Haylett, Van Deusen and others. An interesting discussion followed upon the surgical and medical treatment of cancer. The report of this Bureau showed that while the members of the Society considered many of the so-called surgical diseases to be amenable to medical treatment, some of their number were not wanting in the manual skill of the surgeon.

The regular order of business was then suspended to allow some remarks from Dr. G. N. Brigham, who said: "The American Institute of Homœopathy will meet in Philadelphia in 1876, as the World's Homœopathic Convention, and it is greatly to be desired that this society shall do its full duty in seeing that Vermont is properly represented upon that occasion. It is especially necessary that a history of homœopathy in Vermont should be furnished, showing its introduction and progress, with biographical sketches of its early pioneers."

The following physicians were elected to do the work for their respective sections: M. G. Houghton, of St. Johnsbury, for N. E. Vermont; S. H. Sparhawk, of Gaysville, for Winham and Winsor counties; T. R. Waugh, of St. Albans, for Franklin and Grand Isle counties; S. Worcester, of Burlington, and A. E. Horton, of East Poultney, for Chittenden, Addison, Rutland and Bennington counties; N. H. Thomas, of Stowe, and J. M. Sanborn, of Hardwick, for Orleans and Lamoille counties; J. H. Jones, of Bradford, for Orange county, and G. N. Brigham, of Montpelier, for Washington county.

The Bureau of Provings was next in order and after the report it was resolved that during the present year the Society would prove such drug as may be chosen for that purpose by the American Institute, and the chairman of the Bureau was requested to procure and distribute such drug for proving.

The Society then adjourned to dinner and at half-past one was again called to order.

The Board of Censors, through Dr. Brigham, made a supplementary report saying that they had considered an application for membership, but recommended that the Society take no action upon it at present. The report was accepted.

The Bureau of Obstetrics was then called up, and Dr. Waugh, of St. Albans, reported an interesting case of labor.

Dr. J. M. Sanborn extolled the method of delivering the placenta advised by Dr. Thomas, of New York, and said that he had been very fortunate in escaping hemorrhage and other after troubles. A discussion followed as to the best methods of delivering the placenta.

Dr. E. B. Whitaker, of Hinesburgh, reported a case of labor fatal to both mother and child; the woman had previously had eleven children, and was forty years old. The child weighed sixteen pounds.

Dr. Jackman reported the following case coming to his knowledge: A woman gave birth to a child weighing five pounds and in seventeen days to another weighing eight pounds.

The Bureau of Clinical Medicine was then opened, and a case of interest was presented by Dr. Chamberlain, of Barre. The patient showed entire loss of motion and feeling in the right arm; the trouble following a severe injury of the shoulder; the discussion of the case elicited remarks of interest from the members present.

Dr. Worcester, of Burlington, read a paper reporting a case of mental aberration as illustrative of the manner in which medicines act homœopathically.

Dr. Whitaker, of Hinesburgh, reported an interesting case of scarlatina.

Dr. Thomas, of Stowe, related several cases of scarlatina, and called especial attention to the cerebral paralysis with which it is sometimes complicated.

The Bureau of Psychological Medicine was then taken up, and a paper read by Dr. Worcester upon heredity as a cause of insanity. The paper showed the extensive part taken by heredity in the causation of mental and nervous diseases, and also the different ways of its manifestation, showing itself as insanity, epilepsy, chorea, hysteria, deaf-mutism, general paralysis, etc.

The committee on nominations reported the following to serve as officers the coming year, and they were unanimously elected.

President—C. H. Chamberlin, M. D., Barre.

Vice-President—A. E. Horton, M. D. East Poultney.

Secretary and Treasurer—S. Worcester, M. D., Burlington.

Corresponding Secretary—H. C. Brigham, M. D., Montpelier.

Censors—Drs. J. H. Jones, of Bradford, J. M. Van Deusen, of Waitsfield, T. R. Waugh, of St. Albans.

Auditors—Drs. N. H. Thomas, of Stowe, Jas. Haylett, of Moretown.

Dr. G. N. Brigham, of Montpelier, was appointed delegate to the American Institute of Homœopathy, whose 28th annual session will be held at Put-in-Bay, Lake Erie, Ohio, on June 15th.

Delegates were also appointed to the homœopathic medical societies of New York, New Hampshire and Massachusetts.

Upon motion a vote of thanks was passed to Mr. Clark, of the American House, and to the Central Vermont Railroad Company, for favors received.

Several of the members were accompanied by their wives, which added to the social features of the meeting.

The Society then adjourned.

SAMUEL WORCESTER, M. D., Secretary.

EXTRACTS FROM CASES OF POISONING.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

CUCUMBERS. A woman ate a large quantity of cucumbers. She had therefrom all the symptoms of a bilious colic to the most extreme degree, and died in three days. *Post mortem.* Stomach dilated and swelled to the size of a child's head, but of a more oblong form, and resembling in figure and tension a large bladder filled with wind; the external or membranous coat of the stomach appeared florid and inflamed; the circular valve of the pylorus was extremely rigid and strongly contracted. The duodenum and jejunum were inflamed, and the ileum so much inflated as to render it impossible for anything to pass through it. The colon, cœcum, and rectum, were less inflamed, but the lower part of the latter was mortified for several inches. The lungs, especially some part of the left lobe, appeared as if they had been boiled, with several livid spots dispersed over them. There was but little gall in the gall-bladder. The pancreas, pleura, and mediastinum were inflamed; a very large quantity of water was found in the pericardium; the kidneys were inflamed, and the bladder in a very flaccid state, without containing any urine. She had had frequent ineffectual desire to urinate for some time before her death.—(From the *Medical Museum*, 1781, London, vol. I, p. 212; 2d edition.)

DATURA STRAMONIUM. 1) E. P., aged 31 years, took 20 grains of extract twice a day, for delusions of sight and hearing, etc. During the first two or three days he complained of some giddiness

and disturbance of sight ; his sleep was disturbed by dreams such as he never had before. The occurrence of the latter frightened him extremely ; he dreaded to lose his intellect altogether, and was persuaded with great difficulty to continue the medicine.

2) L. R., for hallucination of hearing, took a mixture containing five grains of Stram. He felt some uneasiness of the throat after taking it, with general shivering.

3) A young man took for delusions two grains daily. At first he complained of constriction about the throat, and weight on the head ; some somnolence. Afterwards feeling well, he suspended the medicine for some time, and then took ten grains at one dose. In two hours he had nausea, vomiting, pricking in eyes, constriction at throat, and a dreadful sense of weight in head ; vision was disturbed, and there was a violent ringing in ears ; he had alternately a feeling of great heat and cold in the limbs, which were affected with trembling. These symptoms of poisoning continued some time, and when they began to subside, the patient had a succession of most extravagant ideas ; towards evening nothing remained but a sense of weakness in lower extremities.

4) Another case is mentioned, but the only symptom here given is deep stupor for $1\frac{1}{2}$ hour. The original report should be referred to.

(From *Provincial Medical and Surgical Journal*, 1842, vol. 3, p. 126. Dr. M. J. Moreau's cases quoted from *Gazette Medicale*.)

In vol. 3, p. 210 of the same Journal (P. M. and S. J.) it is stated that three grains of the extract taken at bed time for neuralgia, produced the following symptom : for some days he thought that one side of him was alive while the other side was buried.

In the *New Sydenham Society's Publication*, 1873, vol. 59, p. 10, reference is made to O. Schmiedeberg's experiments. See Ludwig's *Arbeiten*, fünfter Jahrgang.

CLINKERS. "Clinkers" are the refuse of the blacksmiths' forges. The bluest and heaviest clinker is used. It has cured cachectic and chlorotic conditions when other means failed. Symptoms produced by the first dose are : Great weight in the epigastric region, with burning sensation ; sensations of sickness followed by those of fainting come on ; these are soon relieved by eructations of flatus. Some

have pains in limbs and particularly the joints ; others have tightness across the forehead with giddiness ; all have heat, dryness of mouth, and great thirst. At the second dose the symptoms are moderated, and the third is generally taken with impunity. After first dose the fæces are like pitch, the urine generally pale and copious. The best "clinkers" are obtained from a blacksmith's forge, and the heaviest, darkest and most metallic in appearance, are alone reliable. The light, slate-colored clinkers are inert.

(From *Provincial Medical and Surgical Journal*, 1842, vol. 3, p. 372. Paper by Mr. Conway J. Edwards, of Bath.)

GAS. Gas escaped in the house ; no other cause for the symptoms could be detected. Sept. 14th, 1840, saw Mr. —, aged 52 ; he was attacked two days ago with shivering, and the usual symptoms of fever. He is now purged ; stool rather serous than bilious (bilious diarrhœa is at present very prevalent) ; tongue furred, tip and edges red, and when washed of a claret-color, with a few aphthous spots in places. More excited than usual, but not delirious, very weak and stands with difficulty, but thinks lightly of his complaints. Pulse varies from 80 to 108, rarely 120. No pain or tenderness on pressure. The disease appeared to be remittent-fever. No medicine had any effect. Diarrhœa continued till September 30th, then he had a severe rigor, and died in 12 hours. The family consisted of 12 persons ; between September 14th, 1840, and February 5th, 1841, eight were attacked with a similar disease, and another with most severe ophthalmia. They recovered.

(From *Provincial Medical and Surgical Journal*, 1840-1, vol. 1, p. 391. Paper by Dr. Henrick Watson.)

TOBACCO. The tar-like substance found in the duodenum of a hydrophobic dog, resembled those secretions which follow tobacco enemata for tetanus.

(From *Provincial Medical and Surgical Journal*, 1840-1, v. 1, p. 135. By Mr. P. Bennett Lucas.

CHINOIDIN.—Dr. H. W. Taylor writes: "I desire to contest for the prize for best report of cases treated with a single remedy, but I do not know whether my cases and remedy are admissible. I have treated 520 cases of intermittents with Chinoidine. There were no failures. One was a quartan of four years ; there were 35 chronic agues in all, and one with an immense splenic tumor. All the chronic cases had had quinine plentifully. I have not prescribed quinine for four years, and I believe it may be struck from the list. By the way is it not possible to "concentrate" the whole of the cinchona bark as much as chinoidin is a concentration of parts of it? And could we not thus have a cheap and effective remedy for the whole catalogue of malarial ills, that would be more pleasant, available and vastly cheaper. I have thought of asking some pharmacist this question, but have not had the opportunity."

PORT-DIPHTHERETIC HEADACHE. CURE BY PAULLINIA.

BY E. M. HALE, M. D.

A few months since, I attended the worst case of diphtheria I ever saw in an adult. It left him with severe agonizing pain in the head, and legs. The pains were greatly aggravated at *night*, and in cold damp weather; and relieved by warmth. He could not correctly describe their character, he said. They seems to be *boring, aching, grinding*, and driving him almost distracted.

I tried all the approved remedies, but got no benefit. He tried electricity and anodynes with no better result. I bethought me of Paullinia (Guarana), and gave it in doses of ten drops of the tincture every three hours. After the first day he had no more pain in the *head*, but the pain in the legs (shins) was not relieved, although the medicine was continued a week or more.

OBSERVER—FIRST VOLUME.—An esteemed correspondent writes: "I write more particularly to thank you for the first volume of the Observer, just received. The rain pouring down continuously all day (this is the 44th successive day that we have had more or less rain!) I enjoyed the rich treat of an uninterrupted examination of its pages; and although it is the smallest volume of the set, it has so many good things in it as to make it in my opinion one of the most valuable. We naturally look back with great satisfaction to the beginning of any successful enterprise; and it must be a matter of peculiar pleasure to you to compare this initial volume of the Observer with the magnificent ones now issued. Your success has undoubtedly been owing to a great extent, and perhaps wholly, to your having supplied a real want of the profession; indeed, when we consider the times in which the enterprise was entered upon—the closing years of the war, when our financial affairs were at their worst—it is impossible to explain your success in any other way. And this suggests another fact, which the projectors of new enterprises would do well to heed. It is this: No matter how hard the times, no work of whatever character need fail for want of support, provided it be of sufficient practical utility, and is properly managed."

CHINESE M. D.—(*Cincinnati Medical Advance*).—It must be a pleasant thing to be physician to the Court in China. When the late emperor died, his physician was immediately decapitated. This must have been on the theory that he killed his patient. If every so-called doctor in this country who became the cause of his patient's death were similarly treated—well the idea is too personal to be entertained.

NOT RELIGIOUS ENOUGH FOR A PROSTITUTE. (*Dr. W. Thomson's Lecture*).—The tenacity with which men cling to what they have once established as law is amusingly shown by a recent incident in Berlin, where a woman applied to the authorities for permission to follow her avocation as a public prostitute, under a new Act to prevent the spread of contagious disease; she was refused the license because she was unable to produce her certificate of confirmation.

CINCINNATI AND VICINITY.—Dr. C. P. Hart writes: "As might be expected, bowel diseases, especially diarrhoea and dysentery, are very prevalent here at present. Ipecac. in the former, and Bapt. in the latter, with Mercurius as an intercurrent remedy when indicated, have so far given prompt relief in all cases."

Materia Medica of New Remedies, Etc.

PROF. E. M. HALE, M. D., CHICAGO, ILL., EDITOR.

PROVING OF ARUM DRACONTIUM.

BY C. P. HART, M. D., WYOMING, OHIO.

On July 6, 1875, my son brought me a very large, fine specimen, including the cormus, of the *Arum dracontium*, or dragon root. I immediately expressed the juice of the root by means of a powerful screw press, one ounce of which (I obtained a little over an ounce from the specimen), I mixed intimately with nine ounces of pure *saccharum lactis*. This formed a moist magma, which I put in a glass-stoppered salt mouth, and labeled it "matrix." Of this I prepared a first decimal trituration in the usual manner.

The prover is thirty-six years old, of sound health, and of the nervo-sanguine temperament; he lives plain, is strictly temperate, and uses no tobacco in any form.

July 6, 2 P. M. Took 10 grains $\frac{1}{10}$. Pulse 74, full, soft and regular. In five minutes felt a peculiar acrid sensation in the mouth and throat, but not sufficiently marked to be unpleasant. The heart beat so violently as to shake the walls of the chest. Pulse 80, full, hard and somewhat jerking.

2.15. Tingling or slight stinging sensation in the fingers and toes, as when the circulation is impeded; pulse 80, small and irregular; artery seems to roll under the finger, and requires considerable pressure in order to be correctly counted.

2.45. Fine tingling sensation all over the right hand, which is warmer and redder than the left, and appears somewhat swollen. Pulse 80, moderately full and more regular.

7 P. M. Shooting pain in the left anterior inferior triangle of the neck, near the clavicle; aching pain in the left forearm, left hand and right humerus. Pulse 74, full and nearly natural, but rather weak and irregular.

7.20. Sharp shooting pains at the styloid process of the right ulna; right hand still remains somewhat red and swollen.

Retired to rest at 9 P. M., and slept soundly till 7 A. M. Head feels heavy and aches slightly in occipital and right parietal regions; slight aching also in the right malar region. Throat feels somewhat raw, and there is rattling of mucus in the larynx at every full expiration; but this disappeared after rising and moving about.

July 7, 8 A. M. Half hour after breakfast shooting pains in the right ear; they are transient but frequent, and leave a feeling of fullness and slight aching in the middle ear.

9 A. M. Took 15 grains "matrix," which is still in a moist state. Late and insufficient stool.

9.15. Eructation of flatus from the stomach; fine tingling or pricking sensation in the hands and feet, especially the right; shooting pain down the right thigh; flushing of the hands and face; heart's action increased, but not as violent as after taking the first decimal preparation yesterday; aching in the right humerus.

9.35. Copious semi-liquid stool, with much flatus; also, eructations tasting of the medicine; small accumulation of mucus in the throat, the raising of which by coughing produces a slight mucous rattling in the larynx; disposition to swallow, arising from excess of mucus, but no unpleasant acrid sensation in the throat, as I had expected.

NOTE.—It is remarkable that this dose has produced far less disturbance of the circulation, apparently, than the first decimal did yesterday. The tingling sensation which soon followed its administration was more general but less protracted. Pulse now (10 A. M.) 74, full, soft and regular. Feeling of warmth and fullness in left middle ear, similar to what was felt at 8 A. M. in the right, but no shooting pains; probably this symptom arises from an accumulation of mucus in the left Eustachian tube.

10.20. The ear symptom has changed sides; warmth and fullness now in the right ear; left ear normal. The disposition to swallow has subsided, but has left a slight uneasiness in the throat, and a disposition to cough. The act of swallowing develops a slight soreness in the muscles of the throat, and renews temporally the feeling of warmth and fullness in the ears—sometimes in one and sometimes the other—seldom in both at once. I am satisfied that the throat and ear symptoms, with the exception of the soreness, are owing to an excess of mucus in the throat, larynx and Eustachian tubes.

3 P. M. Increased soreness of the larynx and greater disposition to cough; burning of the soles of the feet; heat, dryness and smarting of the eyelids; fine shooting pain in the course of the left spermatic cord.

5 P. M. Preternatural heat in the palms of the hands; loose cough with soreness of the throat, closely simulating a mild attack of catarrhal angina; the soreness is not very marked except during the act of deglutition; there is a feeling of dryness and smarting in the throat, a kind of rawness with a sense of fullness, not really painful, but sufficiently annoying to attract constant attention, and produce a continual disposition to clear the throat by swallowing, coughing or hawking.

9.30. Retired to bed and slept well the first part of the night, but awoke about midnight with great oppression of breathing, a kind of asthmatic attack, which, however, soon passed off, leaving considerable rattling of mucus in the larynx and upper part of the trachea. Noticed that the rawness in the throat and the soreness in the laryngeal region, which were present on retiring, had almost entirely disappeared. Slept badly the rest of the night. In the morning raised by coughing a small amount of mucus. No rattling of mucus at this hour (7 A. M.), except by forced *expirations*; the undue secretion is now limited to the larynx, but can be distinctly heard whenever the *expirations* are prolonged.

July 8, 8 A. M. Natural motion of the bowels; no flatulence.

NOTE.—On removing the glass stopper from the sealed bottle, containing the "matrix" preparation, gas escaped with great violence. Re-sealed the bottle and buried it in sand. Think my first decimal preparation, which is a dry powder, is about as low a form as will keep good, and even that will need to be carefully excluded from the air, like Hydrocyanic acid.

9 A. M. Took 30 grains of the "matrix."

10 A. M. Occasional emissions of flatus from the stomach; ear symptoms as before noted, but not so marked; fine pricking or tingling sensation in the feet and hands for the last half hour—began in right foot, and afterwards affected in regular succession the right hand, left foot and left hand; occasional shooting pains have occurred during the same time in the following order: right malar region, right external malleolus, thenar eminence of right thumb, left malar region. Pulse 84, small and somewhat irregular. Occasional shooting and aching pains along the right humerus and right thumb.

NOTE.—Although the circulation is notably quickened, the nervous energy appears to be depressed. The symptoms just described all belong to this stage of nervous depression, which is more marked and prolonged, in proportion as the dose is increased. The throat and ear symptoms are scarcely noticeable during this stage; these belong chiefly to the period of reaction, characterized by a full bounding pulse and a free secretion of mucus.

10.30. Aching pain behind the right ear; also in the right shoulder; slight aching pain in the præcordial region and down the left arm; also in the right forearm and over the left eye; these pains are all very transient.

11 A. M. Pain in the bowels caused by incarceration of flatus; escape of flatus from stomach and bowels.

12 M. Aching pain along the outer aspect of the left foot, immediately followed by a similar pain in the corresponding part of the left hand; shooting and aching pains in the left brachial plexus of nerves.

NOTE.—Most Arum pains are observed to be very transient in any one part, and to course along the extremities, sometimes in one direction, and sometimes in the opposite one; they are not very sharp, and are generally intermediate in character between aching and shooting. Those in the nervous trunks partake more of the shooting character, but always leave an aching sensation behind them. I have not been entirely free from these pains longer than a few minutes at a time for more than two hours, having noted down only the most prominent. At first they were almost entirely confined to the right side; now they are limited chiefly to the left. I have just had one of these characteristic pains in the left side of the head; it began in the left occipital region, gradually subsided, and reappeared successively in the left temporal and left frontal regions. This remedy acts primarily, and pre-eminently, upon the nervous system, and through it upon the circulation.

12.30. Pulse 74, full, soft and slightly irregular.

4 P. M. Have an irresistible desire to pass urine, which is diminished in quantity, very highly colored, and has a burning or smarting effect on the urethra.

6 P. M. Great languor and depression of spirits; dull, heavy aching in the head and chest; sinking feeling at the pit of the stomach; aching along the spine, particularly between the shoulder blades and in the lumbar region; great weakness across the loins; feeling of extreme prostration.

NOTE.—The symptoms just recorded are doubtless the effects of the reaction consequent upon the elimination of the poison through the kidneys. This is confirmed by the fact that the nervous symptoms previously mentioned immediately subsided, and did not appear again during the day; and also by the fact that the urine, subsequently passed, was normal both in amount and character. On the other hand, the symptoms last mentioned continued to increase until the exhaustion became so great that I was compelled to retire at the early hour of 8 P. M. At this time there was a slight perspiration upon the neck and breast, the first that has appeared during the proving.

July 9. Awoke at 6 A. M. greatly refreshed. Found myself quite hoarse; expectorated a small quantity of thick mucus; throat raw and tender; rattling of mucus in the larynx during *expiration*, but which ceased on rising, except when the expirations were prolonged by voluntary effort. Conjunctivæ highly injected; lids dry, stiff and slightly agglutinated at their edges, which burn and smart.

NOTE.—The proving was continued through the month, with the development of but few additional symptoms. The bowels were somewhat irregular, at one time slightly constipated, at another somewhat loose, but never any decided diarrhoea. Paroxysms of dyspnoea would sometimes occur, with much aching in the chest, and always associated with a considerable secretion of mucus in the larynx and trachea.

On the tenth, and also on the seventeenth, shooting pains in the right ear, sometimes very severe.

On the 23d an aphthous ulcer appeared on the tongue, and on the following day the mouth and throat became so sore that the proving had to be discontinued. It was, however, resumed on the 25th by taking one drachm of the "matrix"; this produced a violent asthmatic attack at night, and lighter ones on each succeeding night for about a week, when they left me altogether; but I still have (Aug. 1) an annoying cough, and a mucous rattling in the larynx, which indicate that this will prove to be a valuable remedy in laryngeal, bronchial and pulmonary complaints.

Aug. 1. Took one drachm of the "matrix," the immediate effects of which were similar to those already detailed.

Aug. 3. Deep shooting pains in the right ear; cough from laryngeal irritation, worse at night, and when lying down; constant rawness of the throat, hoarseness and rattling of mucus in the larynx.

Aug. 4. Similar symptoms, the shooting pains in the right ear occurring frequently, and continuing sometimes for ten or fifteen minutes.

Aug. 5. Similar symptoms, the ear pains being still more persistent.

Aug. 6. Symptoms continue as before, with occasional shooting pains also in the left ear.

Aug. 7. No change in symptoms, except that I have had three copious burning passages from the bowels, attended with aching in the abdomen and burning in the rectum.

Aug. 8. Bilious diarrhœa, borborygmus, and the escape of much flatus from the bowels.

Aug. 9. Bowels regular; slight burning in urethra after micturition.

Aug. 12. No marked change in symptoms until last night. Coughed all night; in the morning had a very bad taste in the mouth; tongue and mouth coated with a foul slimy mucus, having a putrid taste; but the most important symptom was a *purulent expectoration*, consisting of *thick, heavy, yellowish-white pus*.

Aug. 16. Since the 12th inst. I have continued to raise this purulent secretion from the larynx in large quantities. Last night I was so annoyed by the gravity and persistence of the laryngeal symptoms—violent cough, hoarseness, rawness of the throat, and profuse purulent expectoration, which greatly alarmed my wife—that I took a dose of Spongia, 3d X, which so far relieved me, as to secure a good night's rest, the first I have had since the 12th inst. Now, as I belong to a very healthy and long-lived family, both on the mother's and father's side, and as I have never before had any laryngeal, bronchial or pulmonary disease, nothing is clearer to me than that these symptoms are due exclusively to the Arum, the last dose of which I took on the 1st inst.

Aug. 17. Frequent, copious emissions of limpid urine.

Aug. 18. Inclination to urinate every hour or so during the day; urine increased to four or five times the normal amount; tenderness and slight smarting or burning of the orifice of the urethra, especially during micturition. Eruption of pimples—a species of lichen—on the nose, and a patch of urticaria on the right arm near the elbow.

NOTE.—Are these pathogenetic eruptions cutaneous neurosis? (See Romberg, Hanfield Jones et al.) This is rendered highly probably by the primary effects of the Arum on the nervous system, and by the fact that during the proving, i. e. for the last four or five weeks I have been entirely free from an intolerable itching of the scrotum—a chronic pruritus—of ten or twelve years standing. I have also noticed during this period a great diminution, and most of the time an entire absence of the sexual desire, penis flaccid and relaxed. This condition of the generative organs, and a slight laryngeal irritation are all the pathogenetic symptoms remaining at this date (Aug. 22.)

Although the active principle of Arum is highly volatile and difficult to preserve, its effects on the system, and especially on the laryngeal mucous membrane, are of the most deep-seated and permanent character, so much so, indeed, as to entitle it, in my opinion, to the very first rank as a laryngeal remedy. Furthermore, I am convinced that, if properly prepared, and used high, it will prove to be eminently curative in laryngeal diseases, particularly those of a sub-acute and chronic character; an opinion sufficiently confirmed by the clinical experience which the profession already has of the remedy.

CLINICAL OBSERVATIONS.—I have no clinical experience to give excepting this, that while the above proving was being made, I was applied to by Mr. R. F., who for more than a year past had been troubled with occasional attacks of asthma. Last week he took a slight cold which developed a fresh attack, each succeeding night's paroxysms being, according to the patient's statement, more and more severe, notwithstanding the free use of Lobelia, Ant. tart. and other remedies. On the night preceding his application to me he said he had not lain down at all. I gave him several powders of *Arum dracontium* 1 x, with directions to take one of them immediately (this was in the morning), and another as soon as the paroxysms should set in, repeating the dose every half hour during the continuance of the paroxysms. Saw the patient on the following day, who shook my hand with great cordiality, and said the first powder had cured him, as he had had no return of the paroxysms since he had taken the powder in my office the day before. I have since learned that he has had no occasion to take any more of the medicine.

CASE II.—A child, three years old, had a hoarse croupy cough, with sore throat, rattling laryngeal respiration and considerable swelling of the air passages, threatening suffocation. A dose of the 3x trit. was prescribed to be given every half hour until the symptoms abated. Amelioration took place within twenty minutes, and after the third dose the child slept quietly and was well in the morning.

OBSERVATIONS BY DR. HALE.

Dr. Hart's proving of this species of *Arum* is an excellent one. It brings out some of the finer, as well as the general characteristics of the remedy. The *Arum Dracontium* is the only other species beside the *A. tryphyllum*, and *A. quinatum*, in the United States.

All the family of *Araceæ* possess similar acrid, poisonous principles, but it is one of the mysterious works of the Great Designer that this virulent poison is enveloped in one of the purest and most innocuous vehicles known—namely, Arrow-root. Much of the Arrow-root of commerce is made by separating it from the acrid principle in the roots of members of this family. It is interesting to note the resemblance in pathogenetic effect between the various species of *Araceæ*. The symptoms of the three *Arums** are very similar. Dr. Hart's proving has developed also a marked resemblance between the *Arum dracontium* and *Caladium* (*A. Sequinum*). Both cause *pruritus of the sexual organs and incompetency*. Both cause *urticaria* and other eruptions, probably *neurotic* as Dr. Hart suggests. Both cause *laryngitis* of an aggravated character; and both have cured all the above conditions.

A near relative of the *Arum*, the *Symplocarpus* (Skunk cabbage) ought to be proven; also the *Alisma plantago*. We should then have a group of remedies which would do us good service in diseases of the respiratory organs.

E. M. HALE.

* *A. tryphyllum*, *A. Dracontium*, and the English *A. Maculatum*.

NOTES ON GELSEMINUM.

BY E. M. HALE, M. D.

Case of Poisoning. Dr. J. A. Munk, in the Amer. Med. Journal, reports a child, two years old, who was given by mistake a teaspoonful of the tincture of Gelseminum. In hal. an hour the child "looked strange, staggered and fell. He became listless, languid, dropping of the eyelids, complete relaxation of the whole muscular system, with entire motor paralysis. Pulse very rapid, small and weak, extremities cold, pupils dilated, breathing slow, sighing, and at times sobbing; unconsciousness. No spasmodic movements, except the eyeballs which kept up a continual twitching motion, while the effects of the medicine lasted." The child recovered in about six hours, under the effects of hot baths and emetics of black pepper.

In the above we have a new symptom, the "twitching of the eyeballs," which reminds us of *Agaricus*, *Hyosciamus*, and a few others, but in this case no other spasmodic symptoms occurred. Indeed, spasms are rare during the primary effects of Gelseminum, showing that somewhat appreciable doses of the medicine are necessary in severe spasms. Dr. Munk relates a very remarkable instance of the tolerance of Gelseminum when given for severe spasms. The case was a child, two and a half years old, who was taken sick with slight cough and fever, followed by violent and frequent spasms. He arrested them for a few hours with 15 drop doses. They returned again, however, with terrible severity. He then gave 30 drops every 20 minutes, till 3 doses were given, then every hour or two until two ounces were given!! He gave nearly 30 drops an hour for 36 hours!! But the strangest part of it was that *no pathogenetic symptoms supervened*. "The child made a good recovery," he says.

It may be said that the return of the spasms were the secondary effects of the drug. I doubt it, however, for had such been the case, the spasms would have returned the next day, with such increased severity as to destroy life. On the contrary a good recovery ensued.

Another case is reported showing the good effects of Gelseminum in a chronic case, if persistently given.

A child, 3 years old, had the following symptoms "of and on" for three months, and was said to have "chills and fever." (Probably it *was* a case of malarial poisoning.) "He was pale and thin, a mere skeleton; very sensitive and extremely restless; cried most of the time, and kept the arms and body in motion, almost constantly. The legs he did not use, whether from extreme weakness or paralysis, I was not fully able to determine; wakeful day and night; when sleep did approach it was fitful and unrefreshing; bowels loose, pulse very rapid, small and weak. He had been fed on Quinine and Iron for months."

Dr. M. commenced with 5 drops every two hours. After two days, no improvement occurring, the dose was increased to 10, and afterwards 15

drops. Under this dose the child improved rapidly, and was cured. How did these heroic doses cure? Not antipathically, for the symptoms were similar to those caused by Gels. It was the homœopathic remedy. No pathogenetic effects were caused, but the erethism which was wearing out the child's life, was calmed, and allowed the recuperative forces to assert their sway.

I have cured many cases with Gelseminum, but have not been obliged to give more than 2 or 3 drops every 2 or 3 hours. But Dr. Munk's case shows that the morbid fear of large doses which obtains with many of our school often prevents them from making brilliant cures.

I have often mentioned the value of large doses (305 drops) of the crude tincture in the last stages of consumption, when we have excessive nervous irritability, very quick small pulse, afternoon fever, followed by profuse night-sweats. I never saw a case that was not greatly benefitted (palliated) by Gelseminum. It smoothes the pathway to the grave, without abbreviating the life of the patient. Every one to whom I have given it, praised it with feelings of gratitude.

OPIUM.—The morality of the opium traffic with China is a question of growing interest in England. An Anti-Opium Association, designed to put an end to it, already exists. A public meeting, presided over by Mr. MacArthur, M. P., was recently held in London, at which there was much plain speaking. The chief address gave a minute account of the production and sale of Indian opium, from which the following facts are gathered: All the opium imported into China, with a small exception, comes from India. It was introduced into China against the will of the Chinese by the treaty of Tientsin in 1858. In the East India Parliamentary report for 1871 is a Chinese dispatch appealing to the justice of the English to release them from their treaty obligation in this respect. It complains that opium is destroying the country, and that the laws against the native-grown opium cannot be enforced on account of the admission of the Indian article. There are two opium producing regions in India. One is in the native States. On this opium which is shipped from Bombay the Government simply levies a tax, which in some years amounts to over £2,000,000. The British opium is grown in Bengal, and is a government monopoly. About one-twentieth of the crop is sold in India. The great bulk of it is packed for the China market, and sold by a government official at auction in Calcutta. The profits of the sale average 300 per cent. on the cost of production. In the year ending March, 1872, 49,695 chests of Bengal opium were sold at Calcutta for export, and 39,225 chests were shipped from Bombay. The net opium revenue for that year was £7,656,000. The speaker compared the raising of Government opium to a supposed parallel case of the United States distilling whisky to sell to the North American Indians. In the discussion which followed the address, a Chinaman testified to the deterioration of the Chinese since the introduction of opium. At the close of the meeting a resolution was passed denouncing

the course of the Government, and pledging all present to the support of the Anti-Opium-Association. A confirmation of the foregoing account is derived from the correspondence of a missionary physician at Hangehow, China, which has appeared in *The Medical Missionary Journal*, published in Edinburgh. So great is the eagerness of opium-smokers to be cured that the hospital cannot contain the numbers who apply for admission. Over 150 have been discharged as cured, but the majority of them soon relapse.

DIOSCOREA IN RENAL COLIC.—I lately had an opportunity of testing the value of Dioscorea in the terribly painful suffering which attends the passage of calculi through the ureter. The patient was a man about 50. He was attacked about 6 P. M. I saw him about 8 P. M. The attack came on suddenly, reached its intensity in half an hour, and continued without any abatement until my arrival. The pain was located over the crest of the ilium on the right side, and occupied a spot not more than an inch square, but shooting pains radiated from that spot up to the renal region, and down the right leg and into the right testicle. The local continuous pain was utterly indescribable, "agonizing." He writhed on the bed, with loud, tremulous moaning. His skin was bathed in a cold, clammy sweat. Pulse feeble and quick. Some retching. Frequent desire to urinate. I ordered a hot bath prepared, and gave him Dioscorea, a teaspoonful of fl. ext. in a half glass of water, a spoonful every five minutes. Before the fourth dose the pain was greatly relieved, and within half an hour it had disappeared. He shortly after fell asleep and slept till morning. But little soreness left in the ureter. The urine the next day or two was darker than normal, but no appearance of calculi. I believe the Dioscorea relieved the pain, probably by relaxing the ureter, and allowing the foreign body to pass down. In spontaneous cures the relief is more sudden. I mention the preparation used, because it is the only one, except the infusion, that I ever got any effects from.

E. M. HALE.

SEA WATER,—THE REMEDIAL USE OF.—Dr. Lisle, in the *Bulletin de Therapeutique*, recommends sea water as often beneficial. He finds that its continued use increases the appetite, facilitates digestion, quickens nutritive changes, and augments the proportion of red corpuscles in the blood. Accordingly he recommends: 1) during convalescence from acute diseases; 2) in the apyretic forms of dyspepsia; 3) in neurosis associated with impoverishment of the blood; 4) in the scrofulous and tuberculous diathesis; 5) in diabetes. Sea water may be agreeably administered in bread, in the form of a syrup, or in that of an elixir. Bread made with sea water can only be procured at the seaside; it is very palatable, and contains nearly five grammes of the mineral constituents of the water in each pound. The syrup is prepared by mixing 250 grammes of sea water with a sufficiency of sugar and distilled water to make 500 grammes. Each table-spoonful of the syrup contains about twenty-five centigrammes ($3\frac{3}{4}$ grains) of the saline residue of sea water; from two to five table-spoonfuls may be taken daily. The formula for the elixir is: Sea water, 200 grammes; rum, 200 grammes; sugar and distilled water up to 500 grammes. The dose at first is a table-spoonful three times a day.

To the obvious objection that a pharmaceutical mixture of the saline constituents of sea water in their due proportions would serve the same remedial purposes as the sea water itself, Lisle replies that the efficacy of all natural mineral waters is very much greater than that of their manufactured counterparts, the testimony of those who have instituted comparative trials being all but unanimous on this point.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

A MANUAL OF BANDAGING.*

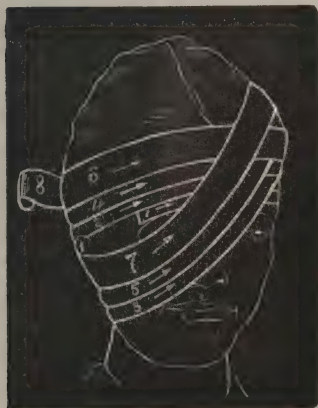
CROSS OF THE EYE.

(*Monocle.*)

Description.—This bandage should be six yards in length and have a width of from one and a half to two inches.

Application.—Taking the right eye, for example, standing behind your patient, place the initial end of the roller, 1, above the right eye,

FIG. 14.



Cross of the Eye.

hind your patient, place the initial end of the roller, 1, above the right eye, previously protected by a compress or some cotton-wool. Confine this by one horizontal circular turn, 2, about the head and continue on till you come to the occiput, for the next turn; here you make a pass downwards, coming along under the right ear, then up over the inferior angle of the inferior maxilla of the right side, and across the inner angle of the orbit, finishing the third course of the bandage. Continuing on from this point (the forehead), the bandage is to be carried up over the left parietal protuberance, then down to a level with the circular turns 1 and 2, and finally finished as a circular of the head, thus making the fourth course. Course 5 is to be executed the same as course 3, remembering to overlap in its course, to the distance of one-half or three-quarters of its width, the preceding turn. Course 6 is executed the same as course 4, remembering the overlapping. Finally, when you come near the terminal end of your bandage, confine by one or two circular turns about the forehead and occiput, following courses 1 and 2.

* Continued from page 517.

Uses.—This is a very pretty and firm monocular bandage when evenly applied ; yet it is one that needs some watching lest some of the courses overslip each other, especially if put on a patient that is not very quiet. A light compress or cotton-wool should fill up the orbital cavity, thus not only keeping the lids securely closed, but it will steady the eye-ball in its socket, as well as produce slight compression.

In the case of the left eye, the proceeding is the same, reversing only the direction of the courses.

For *The Triangle of the Eye*, see “Uses” under the bandage Fronto-oculo-occipital Triangle, page 30.

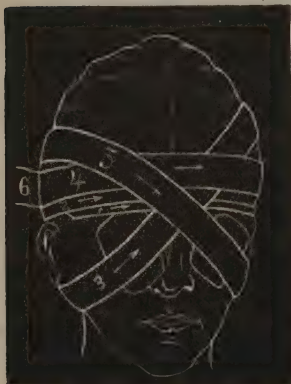
CROSS OF THE EYES.

(*Binocle.*)

Description.—This bandage should be eight yards in length and have a width of from one and a half to two inches.

Application.—Standing behind your patient, place the initial

FIG. 15.



Cross of the Eyes.

end of the bandage, 1, over his right eyebrow, and confine there by a horizontal circular turn about the head, 2. On the third turn, when coming to the occiput, pass the bandage down so as to come around under the right ear, up over the inferior angle of the lower maxilla, and up over the inner angle of the orbit of the right side, thus finishing the third course of the bandage. From this point carry the bandage up over the left parietal eminence, then down to the occiput, and finally horizontally about the head, thus finishing course 4. Continue the course of the bandage horizontally about the head until you come to the occipital region, when you mount up over the right parietal eminence, and pass downwards over the inner canthus of the left eye, thus finishing the fifth course of the bandage. Continue the bandage down across the left cheek and maxilla, and back under the left ear to the occiput, where you mount up to the level of

courses 1 and 2, when you finish course 6 as a horizontal turn about the head.

Turns 7, 8 and 9 are done the same as Nos. 3, 4 and 5, respectively, remembering always to draw in the bandage, by overlapping its underlying fellow by one-fourth, or one-third its width.

On the completion of its application to the eyes, confine by a single horizontal turn about the forehead and occiput, fastening with a pin.

Uses.—This bandage fulfils the same indications for both eyes that the preceding does for the one eye. The “double-headed” roller, for the same purpose, I have omitted, as it is not so firm a bandage, and is more complicated. The ears and parietal protuberances are the main points of support to these ocular bandages; hence pay particular attention to the “laying of the bandage” about these parts.

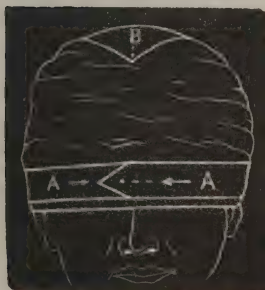
FRONTO-OCULO-OCCIPITAL TRIANGLE.

(*Head-band of Mayor's System.*)

Description.—Take a piece of cotton-cloth large enough so that when folded to a triangle, the base of the triangle will measure one yard, while its height (from apex to centre of base) will be from fifteen to twenty inches.

Application.—Standing behind the patient, place the base of

FIG. 16.



Fronto-Oculo-Occipital Triangle

the triangle over the eyes, having the apex over the head, pointing to the occiput. Carry both ends of the base horizontally around to the occiput, covering over the apex of the bandage, and cross there, bring them forwards and confine at the forehead, A, A, either by pinning or tying. Lastly, carry the apex from the occiput up over the horizontal courses of the two extremities to the region of the forehead, and confine with a pin, as at B.

Uses.—This is a very simple bandage, as indeed all of Mayor's are, and will nicely take the place of the preceding Cross of the Eyes, or Binocle. It can be easily tilted to one side, covering in

only one eye, so as to fulfil the condition of the monocular cross, plated on page 28. It is not so firm, or evenly compressing a bandage, as the two preceding, and hence would not be so applicable after an operation for cataract, or an iridectomy. Of course cotton-wool, or some light dressing, will need to be applied to the ocular fossæ before the application of this triangle, just as in the Crosses of the eyes.

FRONTO-OCCIPITAL TRIANGLE.

(*Triangular Bonnet of the Head.*)

Description.—This bandage should measure one yard or more from end to end, across the base, and should have a height of fifteen or twenty inches.

Application.—Standing behind the patient, place the base of

FIG. 17.



Fronto-occipital Triangle.

the triangle, 1, at the forehead, over the eyes, having the apex at the occiput. Carry the two extremities horizontally backwards to the occiput, covering in the apex, cross them there, and then bring them forwards and confine at the forehead, 2. Finally bring the apex forwards and confine, as at B.

Modifications.—I. By reversing the application of this bandage, putting the base at the occiput and the apex at the forehead, you get the *Occipito-frontal Triangle* of Mayor.

II. By placing the base at one of the sides of the head, the apex covering the other, you get Mayor's *Biparietal Triangle*.

Uses.—The uses of these triangles are very numerous, as they are applicable for maintaining any dressing to almost any part of the head. In so doing they take the place, in great measure, of the Recurrent of the Head, and the Six-Tailed Bandage of the Head to be described further on.

SIMPLE CROSS OF THE CHIN.

(Roller Bandage of the Chin.)

Description.—This bandage should be about nine yards in length, and have a width of one and one-half inches.

Application.—Standing at your patient's back, place the initial

FIG. 18.



Simple Cross of the Chin.

end of the bandage, 1, over the left eyebrow, and confine by one single, horizontal, circular turn, 2, bringing the bandage down under the right ear, continuing it under the lower maxilla and up over the left maxillary ramus, and ear, finishing turn 3. Make, for turns 4 and 5, two vertical circular passes in the course of turn 3, gradually working towards the symphysis of the lower jaw, by overlapping each preceding turn one-half or one-fourth the width of the bandage. After turn 5 has been brought to the right inferior angle of the lower jaw, make a single horizontal circle of the neck, 6. At the back part of the neck mount up the occiput, so as to make the fronto-occipital horizontal turn 7. Then continue on to the occiput, down below the right ear, across the symphysis of the chin, making turn 8. Circle the chin again, horizontally (turn 9), then mount to the top of the head, passing under the lower jaw, forming turn 10, which is still anterior to turn 5. Turn 11 is made in the course of turn 10, overlapping it in its course. Bring the bandage down under the lower jaw again, thence circle the neck horizontally, forming turn 12. Finally, mount to the forehead from the occipital region, and confine your bandage by a horizontal circular turn, as 13.

Uses.—In cases of fractures or dislocation of the lower jaw. It is also of use in confining any topical application to the chin, to the parotid regions, and to the ears.

Care should be had that too much constriction is not put upon the neck in making turns 6 and 12, thereby hindering respiration

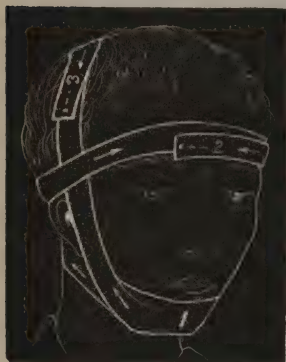
and circulation. If a flannel roller is used no allowance need be made for the swelling of the parts, as the bandage will generally give enough, if it is only "comfortably" (to the patient) applied at first.

FOUR-TAILED BANDAGE OF THE CHIN.

(*Sling of the Chin.*)

Description.—This bandage should be one and one-fourth yards

FIG. 19.



Sling of the Chin.

in length, and have a width of about five inches. It should be torn, at the middle of each end, towards the centre (as you see in Fig. 4, page 17) to within two and one-half inches of this point.

Application.—Standing at the back of your patient, place the centre of the plane of the bandage, 1, at the chin; then carry the two *superior* ends of your bandage backwards, below the ears, to the nape of the neck; crossing them here, bring them upwards and forwards over the parietal protuberances, and confine at the forehead, 2. Take now the two *inferior* ends of the bandage, carry them backwards and obliquely upwards across the temporo-maxillary articulations, and confine at the superior posterior angles of the parietal bones, 3.

Uses.—This is quite a firm and solid bandage, and very easy of application. It does not, however, give that full support to the parts as the preceding, yet it is very applicable when the mobility of the parts is not over-increased by a very oblique or double fracture, or by extensive luxations of the inferior maxilla. For the maintaining of dressings to the chin, parotid region, and the ear, it is, from its simplicity, much to be preferred to the Simple Cross of the Chin.

OCCIPITO-MENTAL TRIANGLE.

(*Mayor's Triangle of the Chin.*)

Description.—Have your triangle with a base full one and one-half yards in length, and with a height of twenty inches, or more.

Application.—Standing behind your patient, place the base of

FIG. 20.



Occipito-Mental Triangle.

the triangle, A, the apex looking backwards, at the top of the head; seize the two ends of the triangle and bring one down below, and the other over and in front of the chin crossing them this way, B, B, and then carry them obliquely backwards and upwards across the temporal and mastoid regions to confine them at the summit of the occiput. Confine the apex as at D.

Uses.—This bandage was designed by Mayor to take the place of the two preceding bandages; this it does, in a measure, in its ready applicability for the confinement of

dressings about the regions it covers. It is easily extemporized, and hence is a "popular" way for maintaining topical applications to these parts.

All of the more modern appliances for the treatment of fractures of the inferior maxilla are but modifications of the three bandages just given. A paste-board, or felt splint, with these bandages, will probably fulfil any of the indications that these more elaborate appliances are designed to, and are full as comfortable to your patient.

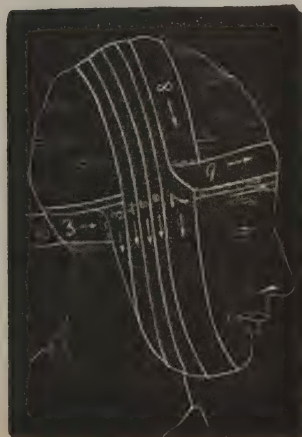
CROSS OF THE HEAD.

(*Temple Bandage.*)

Description.—This bandage should be two inches in width by six or seven yards in length.

Application.—Standing behind your patient, place the initial

FIG. 21.



Cross of the Head.

end of the bandage, 1, over the right eye, and confine it by a circular turn, 2, about the head. Continue on for a third course until you come to the right ear; here confine the bandage either by stitches, or a pin, inserted perpendicularly to the preceding courses of the bandage. This done, descend perpendicularly with the roller-head to the posterior angle of the inferior maxilla, covering over the right ear, and, passing under the lower jaw, continue the bandage up over the left ear to the top of the head; then de-

scend to the horizontal courses of the bandage, thus completing course 4. Turns 5, 6, 7 and 8 are to follow in the course of turn 4, viz., perpendicularly around the head, remembering to bring the bandage gradually forwards by overlapping each preceding turn the quarter, or half, the width of the bandage. Turn 8 being brought to the level of the horizontal turn 2, upon the right side, it is to be fastened with stitches, or a pin, perpendicularly to the course of turns 6, 7 and 8, the remaining bandage being exhausted by horizontal turns about the head and occiput, in the course of turns 1 and 2.

In this application of The Cross of the Head, it has been supposed that it was the right ear, temple, or parotid region that was diseased, or injured. In case of the left, you have but to reverse the application of the bandage; that is, make your turns from left to right, across the forehead, putting the initial end over the left eye.

Uses.—For protection of, or application of dressings to, the ears, temples, parotid or hyoid regions. Is readily applied and makes a firm dressing.

KNOTTED BANDAGE OF THE HEAD.

Description.—This bandage should be one and a half inches in width and eight or ten yards in length, and rolled into two heads.

Application.—Place the plane of the bandage over the injured

FIG. 22.



Knotted Bandage of the Head.

temple (the left, for example) and then carry the two heads horizontally about the head to the right parietal region, where you cross one over the other; continue them on till you come to the starting point, thus finishing course 2. Crossing them here at right angles (that is, upon the diseased temple), carry one head of the bandage perpendicularly over the head, while you carry the other perpendicularly downwards under the chin, 3, 3, continuing the course of each around the head and chin, until they meet at the diseased temple again, thus finishing the third course. Cross them

at right angles again at this point, continuing horizontally about the head, as in course 1, until you come to the diseased temple again, thus finishing turn 4. Turn 5 is formed the same as was turn 3, and turn 6, as turn 4, etc., etc.; at last confine the ends of the bandage in the ordinary way.

Uses.—This bandage is intended to exercise pressure upon the temporal artery, as in case of wounds, accidental or otherwise. It needs to be applied with care, and to be watched, as it is possible to make the compression too severe for a long-continued application of the bandage. It should always be aided by a Graduated Pyramidal Compress (see page 16).

THE T OF THE HEAD AND EAR. (*T of the Temple.*)

Description.—Take first a bandage from two to four inches wide (according to the extent of the injury to the side of the head) and one yard in length; at right angles to this bandage, at a distance of ten or twelve inches from one end, there should be stitched another bandage two inches wide and two and a half yards in length, leaving one of its ends projecting some sixteen or eighteen inches beyond the first or widest portion.

Application.—Place the point of juncture of the two bandages,

FIG. 23.



The T of the Head and Ear.

A, over the right temporal region, if this be the one involved, in such a manner that the widest portion of the bandage, B, shall be perpendicular, as regards the head; then carry the long end of this wide portion of the bandage, B, down under the chin, and up on the other side to the top of the head, there tying or pinning it to the short end, brought perpendicularly upwards from the diseased temporal region. The longer and

narrower portion of the bandage, A, is now to be carried horizontally about the head, the long end confining the short one by successive horizontal courses till it is exhausted, when confine in the usual manner.

Uses.—For confining dressings to the temporal, parotid and hyoid regions.

PERFORATED T OF THE HEAD AND EAR.

Description.—The first piece should be three yards long by two inches wide, and to this, perpendicular to its plane, there should be stitched, at eighteen inches from one of its ends, a bandage having the same length and width, save at the extremity attached to the first piece; here it should be semi-oval, with a width two or three times that of the plane of the bandage; this oval part should be perforated by a longitudinal slit of sufficient size to “take in” the ear.

Application.—Pass the ear of the diseased side (suppose it to be the right) through the second portion of the bandage, B, bringing

FIG. 24.



Perforated T of the Head and Ear.

the bandage closely and snugly up to the head. Carry the shorter end of the horizontal portion of the bandage smoothly around the occiput and forehead, and confine by a single horizontal circular turn, 2. Carry, now, the perpendicular portion of the bandage, B, down under the chin, up over the opposite ear to the top of the head, and down to the starting point, thus finishing the first turn of the

perpendicular portion of the bandage. Exhaust the remaining portion of the bandage, B', by similar perpendicular turns about the head, and at last confine the end, by a pin, to the horizontal turn 2. This done, exhaust the remaining portion of the roller, A, by horizontal turns about the head, confining as usual.

Uses.—This bandage is found very useful in maintaining blisters to the mastoid process, or dressings thereto, as is frequently needed in diseases of the ears. It is equally useful in confining dressings upon the ears, temporal, parotid, and tonsillar regions.

OCCIPITO-AURICULAR TRIANGLE.

(*Mayor's Cross of the Head.*)

Description.—This should be a triangle having a base of one yard in length, and a height of some eighteen inches.

Application.—This is essentially the same as that of the Occipito-mental Triangle (page 34). The only difference being that this one is crossed *below*, instead of upon, the chin.

Uses.—Essentially the same as many of those for which The Knotted Bandage of the Head (page 36), The T of the Head and Ear (page 37), and The Perforated T of the Head and Ear (page 38) are employed.

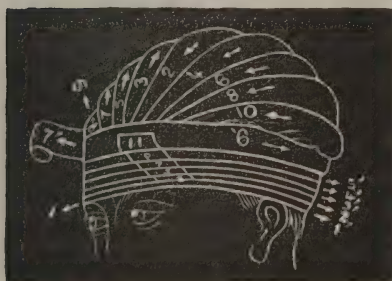
RECURRENT BANDAGE OF THE HEAD.

(*Roller Cap of the Head.*)

Description.—This should be one and one-half or two inches in width, and about nine yards in length. It should be rolled into two heads, one being a little larger than the other.

Application.—Standing at the back of your patient, place the

FIG. 25.



Recurrent Bandage of the Head.

plane of the bandage above the eyebrows, carrying each roller head backwards above the ears to the occiput; crossing them there at right angles, carry the inferior portion up over the top of the head, in line of the saggital suture, 2, to the forehead; this is called the "recurrent" portion. Now carry horizontally forwards the

other roller-head, crossing over the recurrent portion (thus binding it

down) at the left frontal region, thus finishing the horizontal turn 2'. Carry now the recurrent roller-head up over the horizontal turn 2' and the right parietal eminence down to the occiput, thus finishing the turn 3. Conduct the other roller-head again horizontally about the head, binding down the course 3 at the occiput, and finish it as turn 3' at the forehead. Courses 4, 6, 8 and 10 are made similar to course 2, whilst courses 5, 7 and 9 are formed similarly as course 3. The horizontal courses 4', 5', 6 and 7' are formed similarly as their preceding courses, 2' and 3', each binding down some one course of the recurrent portions of the bandage,—the turns 4, 5, 6, 7, 8, 9 and 10, running from the forehead to the occiput.

Uses.—This is not a very useful bandage, though it looks very nicely when properly applied. The objection to it is, that to give it the proper degree of firmness and security, one has to draw the confining turns of the bandage quite tightly; and this, from the repetition of these turns so directly above the others, gives to the patient an uncomfortable feeling of tightness and constriction about the head. Besides this, if the wound is very large, it will press upon the bruised portions, and so cause excessive pain, and venous obstruction. In scalp wounds of the top of the head it might be used to good advantage.

SIX-TAILED BANDAGE OF THE HEAD.

(Sling of the Head.)

Description.—This bandage should be forty inches in length, by fifteen in width. Double it, lengthwise, at the middle; then, at a point (upon each side) three inches from the lateral border, 1, cut

FIG. 26.

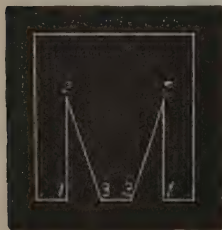


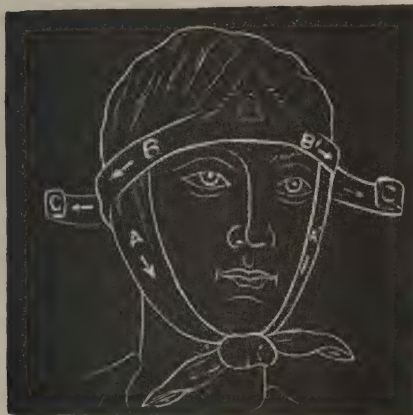
Diagram.

directly toward the folded centre till you come to within three or four inches of it, 2. Then cut obliquely toward the same point, represented by the line 3-2 in the cut, thus removing the triangular pieces 1-2-3 and 3-2-1. The portion 3-3 should be three inches in width.

Application.—Place the plane of the bandage upon the top of the head, the ends

being at the sides. Bring the central ends, A, A', directly down

FIG. 27.



Six-tailed Bandage of the Head.

under the chin, and there confine by tying. Carry then the two front ends, B, B', horizontally backwards, and confine at the occiput. This done, bring the two posterior ends, c, 'c, horizontally forwards, and confine at the forehead.

Uses.—This bandage is applicable for dressing any injury of the top or sides of the head. As it is simple, easily applied, and readily

maintains its position, it may be preferred to the preceding and following. The suggestion that Galen makes (for it is known as his bandage) is a good one. It is to split the two middle ends, so as to allow the passage of the ears in cases where the condition of the patient will warrant such exposure.

TRIANGLE OF THE HEAD.

(*Handkerchief Bandage.*)

Description.—This bandage should be a piece of linen, or a handkerchief, twenty-four to thirty inches square. Fold it to a triangle.

Application.—Standing behind your patient, place the bandage

FIG. 28.



Triangle of the Head.

over the top of the head, the triangular portion hanging down over the face. Carry the two ends A, A' forwards to the forehead, there crossing them so as to carry them back, 2, 2', to the occiput, to be confined by tying or pinning. Then seize the triangular portion that hangs in front of the face, and carry it directly upwards and fold it under the horizontal turns of A, A', as at c.

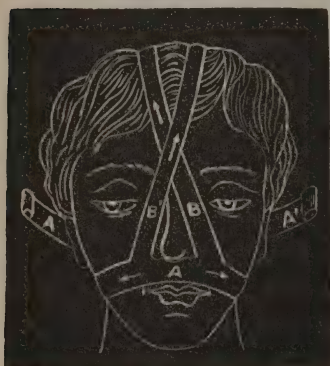
Uses.—As it is easily applied, and the material always at hand, it makes an excellent temporary bandage in cases of wounds or injuries of the upper portion of the head. It is not, however, quite so firm a dressing as the bandage just described.

DOUBLE T OF THE NOSE.

Description.—A strip of flannel, two and one-half yards long by one inch wide. At the central portion of this, at a distance of one inch from each other, there are to be stitched, at right angles with the first piece, two other strips, each thirty inches in length by three-quarters of an inch in width.

Application.—Standing behind your patient, place the plane of the main bandage (rolled into two heads) beneath the nose, A, and

FIG. 29.



Double T of the Nose.

so that the other two portions, B', B, may pass up, one upon each side, along the nose. Carry the heads of the main bandage, A, horizontally backwards to the occiput, and cross one head above the other; then take the two perpendicular portions of the bandage, B', B, up over the top of the head, having them cross each other at the root of the nose, so that the right will pass

over the left parietal region, the left over the right parietal region, and continue their courses down to the neck, passing one of them beneath the crossed courses of the main part, A; then carry the two roller-heads A, A', obliquely upwards across the forehead, and confine with pins, etc., after exhausting both by horizontal turns about the forehead and occiput. This done, tie the ends of the portions B', B, about the first turn of the roller-heads of the portion A, at the nape of the neck.

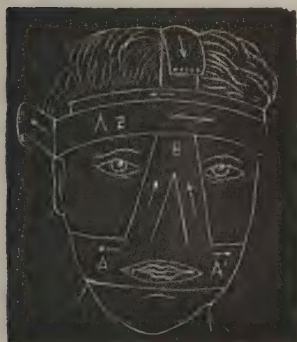
Uses.—To maintain dressings to the parts about the nose, as in cases of injury, or after a rhinoplastic operation; or, to hold coapted the nasal bones, when fractured.

T OF THE MOUTH.

Description.—This bandage should be, the main piece, two yards long and two inches wide. At twenty-four inches from the initial end of this piece there should be stitched (at right-angles) to the superior border, a second strip, two feet in length by two inches in width. Cut out a triangular piece, large enough for the passage of the nose, from this second bandage at the place where it is joined to the main roller. Also, from the main roller, at a point below the triangular opening for the nose, cut out a sufficiently large, oval section to accommodate the mouth and lips.

Application.—Standing behind your patient, place the plane

FIG. 30.



T of the Mouth.

of the bandage across the face, so that the oval aperture will correspond to the mouth, and the triangular to the nose; carry the two ends of the main bandage, A, A', backwards under the ears to the nape of the neck, and cross them, one above the other, there. Then conduct the perpendicular portion of the bandage, B, up between the eyes, over the summit of the head, down to the crossed ends of the part A, A', and either confine there by pins or stitches;

or, after passing under and then over the crossed courses of the main bandage, remount the head and confine at or near the forehead. This done, carry the ends of the main bandage forwards over the ears and exhaust them by horizontal turns about the forehead and occiput, as at A 2, the shorter extremity being first applied.

Uses.—For confining dressings about the mouth, jaws, cheeks, or for maintaining the parts in apposition after plasting operations, or other surgical procedures. This, and the preceding bandage, are especially applicable in cases of transverse wounds of the lip at the nasal alæ, or frænum.

INVAGINATED ROLLER OF THE UPPER LIP.

(*Hare-lip Bandage.*)

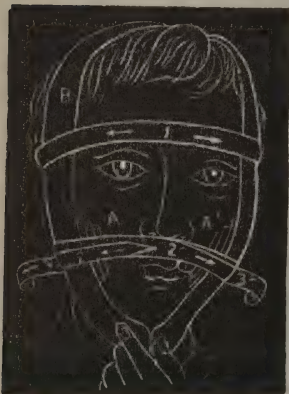
Description.—I. A two-headed roller, three yards long by three-quarters of an inch wide.

II. A long narrow compress, say one and one-fourth yards in length by two inches in width.

III. A graduated pyramidal compress, two inches in length, one and one-half inches in width, and one inch in thickness. The folds of the compress should be stitched through and through, at each end, in order to prevent their slipping.

Application.—Place the graduated compresses A, A', one upon each side, in the hollow of the cheeks,

FIG. 31.



Invaginated Roller of the Upper Lip.

below the zygoma, and at about one inch distance from either angle of the mouth, pressing the cheeks and lips well forwards towards the median line. Delivering them to the care of an assistant, take the long compress, B, and place its middle over the summit of the head, allowing the ends to hang down over the sides of the face, and to cover in the graduated compresses, the patient finally holding the ends together under the chin. This done, place the plane of the double-headed roller, 1, upon the forehead, standing behind your patient, and carry the heads backwards and downwards to the nape of the neck, here crossing them to carry them horizontally forwards to the superior lip, 2, 2', passing one through a slit in the other. Then carry them horizontally backwards to the neck, crossing them again at that point, to carry them forwards to the lip again, passing one through the other, as before, thus finishing turn 3, 3', consigning the heads to an assistant. Take, now, the two ends of the long compress that has been confined temporarily, by the patient, and fold each upwards over the circular turns of the roller, and confine with pins at the temple or top of the head. This done, take the roller-heads, carry them horizontally backwards (over the folded compress) to the nape of the neck, recrossing them to mount up to the forehead, and exhaust there by horizontal circular turns.

Uses.—Useful in all wounds of the lips for keeping the parts coöpted; in operations for cure of “hare-lip” where the tissue seems to be scanty, and the lip-wounds are hard to bring together, it is especially applicable.

Variety.—This bandage can be made equally available for wounds of the lower lip. It is then to be known as the *Invaginated Roller of the Under Lip*. The only difference in the application being that the pyramidal compresses, A, A', shall be dropped lower, and that the crosses of the bandage 2, 2', and 3, 3', shall take place upon the labium inferius.

Materia Medica.

S. A. JONES, M. D., ANN ARBOR, MICHIGAN, EDITOR.

PLUMBUM IN MORBUS BRIGHTII.

If one were a jackdaw and had bedecked ones self with peacock's feathers, it were grievous to meet the fate of all fraudulent jackdaws. But if one has innocently plumed with the feather's of another, what then? Is the bestripping any the less grievous? If one strips himself, makes immediate restitution, I think, *yes*; at least, I hope *yes*, for that is exactly what I am doing in writing this paper.

So long ago as 1869, and when treating of *granular degeneration* of the kidneys, Dr. Richard Hughes wrote: "I think our most hopeful outlook is in the direction of *Plumbum*." If I had faithfully read his *Therapeutics*, and carefully gone through his *Pharmacodynamics*, I should not have felt so tickled thinking my father's oldest boy had done such a large thing by *his* use of *lead*.

To-day, I cheerfully return the feathers, and retain for myself only the consciousness of not designing to rob a fellow-workman. I am, withal, somewhat pleased to think that I drew my conclusions from the same premises as he; but I avow that he preceeded me; that had I read aright I should have seen how long ago he had thought out this thing, and freely given it for my use.

I shall refer to the literature which led me to my conclusion, in order that those who have perused Dr. Lippe's ill-advised fulminations against Prof. Lilienthal, may read and see if there is any benefit accruing from the study of "the physiological action of drugs." Meanwhile, I will cite a case wherein Plumbum was selected with confidence, and yet without consulting the *quasi* homœopathic pathogeneses of *lead*.

On May 16th, I was called in counsel to see L. K. M., aet. 52, a lawyer, of good stature, and robust frame. His family history is good; his father becoming a septo- and his mother an octogenarian. He has been ailing for the past three years. Disease said to be fatty degeneration of the heart. In the past February he had a severe double pneumonia; and his attending physician says he is prone to attacks of bronchitis. At present he is much oppressed for breath; locomotion is thereby rendered nearly impossible; and when walking he is seized with a cramp-like pain in the umbilical region which is almost unbearably severe. By standing still it soon passes off.

On physical examination the lower half of the left, and two-thirds of the right lung are found to be hepatized. There is a mitral bellows murmur; the cardiac impulse is vehement, and percussion reveals an extensive area of cardiac dulness in the left thorax:—hypertrophy of the left ventricle from mitral stenosis. The pulse shows intermittency (irregular) but not intermission. Respiration accelerated. [I took no notes at the time, and can give neither pulse-rate nor respirations from memory.]

On inquiry I find that he has to get up two or three times each night to urinate; and that this habit came upon him about three and a half years ago. His heart trouble, then, is consecutive (?) to the renal degeneration. Asked that the urine eliminated in the next twenty-four hours might be saved and sent to me.

I kept no copy of the analysis, and the physician says he has destroyed the report sent him; but I can give safe approximations. The *quantity* did not exceed 1100 c. c., sp. gr. between 1016. and 1018., reaction markedly acid, urea about 8 grammes, albumen one-tenth, by bulk. Some uric acid formed after standing.

The microscope showed finely granular, and hyaline casts, of *small diameter*, and no renal epithelium. The past and present absence of any oedema, the *general profuseness* of the urine, with all else, led to the diagnosis of Bright's Disease, variety: *granular degeneration* (Johnson), *non-desquamative nephritis* (Dickinson), *cirrhotic kidney* (Grainger Stewart).*

* I feel in justice bound to add that as the patient paid his money he was allowed to take his choice.

On May 15th, I received a note asking me to take charge of the case ; the patient expressing an earnest desire to "try homœopathy." The change was made according to the code, and with every regard for the feelings of the physician whose attendance had been as faithful as his means were futile. Though not a general practitioner, I took the case because the patient is one of the trustees of a noted Old School Medical College, and I had known him for fifteen years as a strenuous but gentlemanly opponent of my school.

When I saw him on the 16th, he asked for relief in regard to his breathlessness, cough, and profuse nightly sweats. With him "symptoms" were at a premium. In such patients as I have either won or inherited from an allopathic predecessor, I have always found the *taking of the case* a really painful procedure. They don't seem to understand our retail business—the *calamy and laudamy* wholesale plan having illy-fitted them for that self-examination in which our adherents are such experts. Before to-day I have had my "close communion" catechisings taken for either ignorance or impudence—and sometimes for both. However, I pumped from my patient this much :

Perspires, all over the body, so soon as he gets into bed. Perspiration comes and goes all through the night.

Cough on first waking. Cough comes as he gets out of bed. Continues until he has had his breakfast. It is occasioned by a sensation as if he had a "wheat-hull" low in his throat, just behind the *manubrium sterni*. Lying on the back makes him cough. On right side also. When lying on his back feels as if fluid rolled from one side of his chest to the other. [Purely subjective, no fluid *there*.]

In the morning, mouth and lips are dry, and lips swollen. Tongue also dry. Lips crack open when coughing. Drinks at night on account of dry mouth.

Oppressed for breath ; breathes with difficulty, especially after walking. Going up stairs plays the d——euce with him.

Is markedly weak now.

Rash as it may appear, considering that the sweat did not break out each time he awoke, I gave him one drachm of Sambucus, first dec. dil., in half a glass of water : a dessert-spoonful every hour. Re-

sult: no sweat that night. May 18th. Bry. 30, for pleuritic pains in the right lateral thoracic wall. This was an old trouble of his—mustard sinapisms, and cantharides blisters having hitherto been his portion for *them*. The action of Bry. won his heart. He had thought the effect of Sambucus on his night sweats “a coincidence”; but the Bry. dispelled the pain inside of fifteen minutes. Still, see the “cussedness” of allopathic nature: he wanted to know if he could not “put more than four drops of Bryonia in half a glass of water; it seems so little, doctor!”

On May 23d, his prescription was *Plumbum met.* 30th trit. a powder (2 grains) every four hours. He is taking it yet, and will receive it for months to come.

He has exchanged his pasty yellow look for the ruddy hue of health, for he is a ruddy man. He goes to court and talks as only lawyers can talk. He walks to the ferry, while he formerly was obliged to have a carriage. He has some slight oppression of breathing at lengthening intervals. Appended are nine urinary analyses, which tell their own tale to the initiated, in regard to what *lead* can do in the cirrhotic kidney.

ANALYSIS OF THE URINE IN THE CIRRHOTIC KIDNEY UNDER THE INFLUENCE OF PLUMBUM.

Case of *L. K. M.*, æt. 52, male.

	Urine in C. C.	Sp. Gr.	ALBUMEN.		Urea in grammes.	Phosph'c Acid in grammes.
			Ratio in 1-100ths of a C. C.	Relative Quantity in C. C.		
May 16	1160	1018.	0.10	116.	11.773	.....
May 23.....	700	1024.80	0.10	70.	9.997	.....
May 30.....	1230	1014.70	0.06	73.80	17.544	.....
June 6.....	1210	1016.90	0.02	24.20	19.542	.....
June 13	1032	1021.13	0.06	61.92	27.431	1.702
June 20.....	1305	1016.90	0.08	104.40	28.415	2.088
June 27.....	890	1020.32	0.06	53.40	21.343	2.136
July 4.....	1594	1011.58	0.06	95.64	26.336	2.391
July 11.....	1160	1013.10	0.02	23.20	21.952	1.798

N. B.—All the reactions were strongly acid.

By a coincidence the urinary *quantity* is the same in the first analysis before taking lead, and in the last after eight weeks use of it; hence the following contrast is "in order":

	URINE.	ALBUMEN.		UREA.
May 16.....	1160. C. C.	0.10	116. C. C.	11.773 grammes.
July 11.....	1160. C. C.	0.02	23.20 C. C.	21.952 grammes.
Difference.....		-0.08	-92.80 C. C.	+10.179 grammes.

The albumen determinations are *by bulk*. The quantitative determinations with the ferrocyanide of potassium give uncertain results, and the process by precipitation and drying requires too much time. 10 c.c. of urine in a test tube, are subjected to heat and nitric acid, then poured into a tube graduated to tenths of a c.c. After standing twenty-four hours, the amount of precipitate is read off. For clinical work this is sufficiently precise.

It will be observed that on June 13th the quantity of albumen had increased from 0.02 to 0.06 c.c. This, I think, is owing to my having suspended the giving of *lead* for the week previous, according to the teaching that when a remedy is acting well give *Saccharum lactis*. *I will never again follow that dictum in any disease attended with similar organic change.*

The omission of the Phosphoric acid determinations for the first four analyses is owing to the fact that I really had not the time to make the standard solution of the Uranium nitrate. As this must be made (if rightly made) by tritration, and not by weighing, I feel that the excuse will be received.

Lastly: although I regret that these analyses are one week apart, this long interval was absolutely unavoidable. Pressed by most important business, my patient felt that he "must go to the office" if he died in his chair, hence the urine of each Sunday was all that I could obtain. I feel, however, that daily analyses would have told an even more emphatic story in favor of the action of *lead*.

Now for the literature, not Homœopathic, which rightly read can lead to the employment of Plumbum in the granular kidney. First is the magnificent monograph of *Tanquerel des Planches*. From it we get our first hint in the so-called amaurosis of lead-poisoning. It has been observed to supervene suddenly, and to disappear as quickly. A sudden blindness, with as sudden a restoration of sight, is a feature of this form of renal disease.

Our next authority is *Garrod on Gout*. He was the first to trace the relationship between lead poisoning and the gouty attacks of artisans in lead. I know that this author's conclusions have been called in question, but the 26 cases of granular kidney which *Dickinson* found, *post mortem*, in 42 cases of lead poisoning in painters is more than a coincidence. *Dr. George Johnson* is also at one with *Garrod* and *Dickinson* in regard to this influence of lead. *Dr. F. Warburton Begbie* also confirms *Garrod's* views. *Dr. Whitley*, who made a special investigation of the effects produced by lead and its salts on workmen, says "gout, or rather rheumatic gout, is common." *M. Charcot* confirms *Garrod's* observations. He states a case "in which gouty disorder, with local deposits of urates, was very marked, without there being any hereditary predisposition, or anything in the mode of life to produce it, except the occurrence of repeated attacks of lead colic. He states that of 20 patients who had come under his notice for the results of inveterate lead poisoning 7 had previously suffered from attacks of gout."

As the cirrhotic kidney is known to pathologists as the "gouty kidney," this testimony comes to the homœopath with impressive force and unmistakable significance.

Ollivier, Lancereaux and *Danjoy* have each written on "Albuminuria in cases of lead poisoning." *Lancereaux* has recorded four cases in which albuminuria existed during life, and nephritis was found after death. The alterations were such as are found in cases of granular kidney. "Ollivier has found in a series of cases occurring among workers in lead, who were neither addicted to drinking nor cachectic, that albumen was present in the urine. The albuminuria was either merely temporary, ceasing by the tenth day, or it continued up to and after the patient's dismissal from the hospital. Lead was discovered several times in the urine. Experiments performed on animals, in which acute poisoning was produced, showed also the presence of lead and albumen in the urine, and besides the alterations peculiar to morbus Brightii, there were deposits of lead in the kidneys." *Danjoy* confirms these observations.

In Volumes XII and XIII of *The Practitioner* (London), *Dr. E. J. Shearman* reports "TWO CASES OF LEAD POISONING, WITH VERY LARGE QUANTITIES OF ALBUMEN IN THE URINE," each of which terminated fatally.

In the face of this testimony *Ringer* writes: "Lead, it has been conjectured, might check, in Bright's disease, the escape of albumen from the blood through the kidneys, and so lessen the amount of it in the urine. [What becomes of the fact that *lead causes albuminu-*

ria? The forward child, of pert, question-asking proclivities is conveniently put to bed, out of the way. But these facts of science, God's verities, where shall we put *them* when they become troublesome? There is no putting of them to bed, *and* all the powers of darkness are not capable, I mean competent, for vericide.]

"George Lewald has published some experiments which he conducted in order to make our knowledge on this matter more certain. He does not mention the form of kidney disease his patients suffered from, but it was probably the pale, flabby, fatty kind. He, at the same time, observed the influence the lead had on the amount of urine voided.

"These experiments, too few, perhaps, to decide altogether the question, showed that by the employment of lead, the albumen of the urine was constantly diminished, but only to a very small amount, namely, in the twenty-four hours to about 9 or 10 grains.

"*The diminution appeared to hold no relation to the quantity of lead administered.*" [Homœopathic italics sprinkled upon the page with infinite zest.]

"At the same time, the quantity of water in his experiment was increased on an average by 200 c.c. in the twenty-four hours.

"*Here, again, it is necessary to say, the increase held no proportion to the quantity of lead employed.*" ["Here, again, it is also necessary to say," Homœopathic italics, showered upon the page, while clonic spasms billow the diaphragm—Haller's *nobilissimus post cor musculus*—and wordless delight voices itself in rippled laughter.]

Bear in mind that Lewald's *increase of water by 200 c.c. in the twenty-four hours* was a phenomenon observed on the subject of a renal disease, and, in this instance, a curative effect. Dr. W. Moss made some experiments on the healthy subject. The average of the normal elimination of urine was 801 c.c. in twenty-four hours; under the influence of *Plumbi Acet.* it was reduced to 772 c.c.

There yet remains one additional feature, namely: the *quasi* chlorotic appearance of the patient—which is all the more marked in the cirrhotic kidney, as the victim lacks the pasty puffiness of the large white kidney, and the waxy paleness of the amyloid. Well, Winter, and Drysdale, and Black had taught me the value of *lead* in this direction. Here, then, are the data, and my patient's present condition leads me to feel that the end attained justifies the means.

The importance of the liver as a factor in the pathology of Bright's disease is beginning to be appreciated, although the nature and extent of its complicity is not yet fully comprehended; and, as a mite into the general fund of our knowledge, I would say that lead soon gave my patient so good a color of face that indifferent observers commented upon his changed appearance. After six weeks use of the lead his urine lost the pale, watery hue so characteristic of renal degeneration, and the coloring matters began to abound. This indicates a blood rejuvenation, and we all know what an important, if not prime, part the liver plays in that *role*.

Lastly, I never saw resolution take place more rapidly than it transpired in this patient, *under the influence of the lead*. This was a delightful surprise to me, and it is only subsequently that I have learned of Leudet's use of the Acetate of Lead in pneumonia. "The remedy was given in forty cases (31 males, 9 females), of whom three died. The disease was unilateral in all but one. The mean age of the patients was 36½ years. The duration of the use of the medicine varied from one to fifteen days, the average being six. The total quantity administered varied in different subjects from 7 to 80 grains, the average amount was about 40 grains. No signs of poisoning were produced, nor any blue line, neither was there constipation, but, instead, diarrhœa in half the cases. The effect on the pulse was to diminish the number of pulsations from 100 or 120 down to 70, 60, and even 59 or 40 on the fourth day after commencing treatment. *In one half the cases returning crepitant rhoushus was heard after the first day of treatment*. In 9 cases out of 30 the stethoscopic signs remained stationary for two or three days, when resolution commenced. In 6 cases out of 30 the symptoms increased in intensity after the treatment was commenced [aggravation from too large doses of the similimum? J.], but this continued only one day in five cases, and two days in another. Convalescence was rapid."

Such, then, is the doing; such, a result of the study of the "physiological action" of *lead*. That it is *a way*, I think, no fair-minded man can deny; that it is the only way, or *the way*, my friend Prof. Lilienthal never taught.

To-day I can take the Symptomen Codex, and the Appendix to the Brit. Jour. of Homœopathy, and "cover" my case fairly by aid of the *quasi* Homœopathic provings of *Plumbum* and its salts. But, I ask, would not any homœopath, having, in addition to these pathogeneses of *lead*, the knowledge to which I have referred, make his prescription with a firmer trust, and leave the bedside with a more fairly-earned and more conscience-satisfying conviction that he had done his duty?

To be sure, this knowledge, valuable as it is, finds its crown only in that *precisionising* which homœopathy, the science of therapeutics, alone can bestow.

O "S. L", thou whose companionship I have had for two years past, from whom I now must part; thou whose example of ceaseless *work* I shall take with me to a new field of labor in our common cause, *go on*, GO ON with thy studies of "the physiological action of drugs," resting assured that I am not the only one to whom they are *lux in tenebris*!

S. A. JONES.

P. S.—I have forbore to cite references to the literature quoted because foot notes would have made this lengthy papar take even more room. Any interested party can get them by dropping me a line, and they are not dear at a postage stamp.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

A RETROSPECT.

(Correspondence.)

ENGLEWOOD, July 8, 1875.

Mr. Editor:—I wish to ask if the OBSERVER has ever an out of the way corner for a few thoughts which are hardly in the line of Theory and Practice; and if its many readers will regard as an intrusion the publication of my own “case.”

I believe the sentiment so finely put by Terrence—“I am a man, and nothing that pertains to man is foreign to me”—is universal, and that we are not indifferent to the experiences of one another. Hence it is that I take courage to pen this summer-day essay, trusting to the fellow-feelingness of all doctorhood.

Despite the disappointments, the trials, the hard knocks, and even the frowardness of Fortune, how deeply ones roots will strike in the place where one began practice. Now that I am about to enter upon another field of labor, a retrospect forces itself upon me. One reaching back fifteen years; one which brings me face to face with mistakes and failures in both practice and polity; one which, God be thanked, is not without its little triumphs and its tokens of progress made.*

I am not writing now to exalt the ego. *It*, if I know my own heart, is sobered into seriousness by this retrospect, and finds much more cause for deep thankfulness than for self-laudation. I am thinking of those who like me must make their beginning in ignorance and inexperience, and all my heart goes out to them, and I will not hide it from them.

I have mentioned tokens of progress made. I do this in humility but also in gladness, because it and a few books are all that I can show to-day for my fifteen years of work. I shall, then, try and

* The paper on *Plumbum in Morbus Brightii* is a “token”; it records the last work done in the place of my apprenticeship.

trace all that I have really gained to its source, confident that others may do as I have done, and *better*.

In the field of actual practice I soon found that a disease in a book and the same disease in a bed were by no means "as like as two peas." The discomfiture of this discovery I shall never forget. True, I had come to Englewood a "a black-balled" student, so thoroughly "officially" damned (*damnare* is the root, you know) that I couldn't even squeeze into "the omnibus class"—that Charon's boat which carries lame ducks into oblivion. I have the Dean's letter to this day which informed me, that "It becomes my duty to inform you, etc." I have also another letter from the same Dean, wherein, some years subsequently, it became his "duty" to offer me a chair in the faculty over which he presided. However, with all my "black-balling," and it was not "done by halves" as Isaac M. Ward, M. D., the only living survivor of *that* doing can testify, I know the deed was a greater honor to my principles than their diploma could have been to my attainments.

I do not know that I came to Englewood primed with sophomore conceit; but, if I did have a cargo of it, it was speedily unloaded on learning that to describe a disease and to detect a disease are very different performances.

In addition to as diligent an use as I could make of eyes, ears, and fingers, I resolved to read up, in all that I could get on every case that I had, and to do this before I went to bed. It mattered not if the case were simple or difficult, or if I had treated it before; my duty was the same, and I unflinchingly performed it. I had always been a reader o' nights, but this work kept my lamp burning until 1.30, and often 2.30 A. M., and I doubt not but that it has "told" upon a body which was never of the strongest. But it is nobler to wear out than rust out, and we can never "go home" until our work is done.

I soon found that peace of mind in doctor-work can come only from the consciousness of having done for the case all that man has done. To find out what man has done required books. I had always been fond of book—thanks to a sickly childhood which, while it forbade my participation in the sports of my robust companions, threw me upon myself for amusement. Toys soon "played

out" and books were my solace. O halcyon days when I revered the Pilgrim's Progress as the *history* of a life. And isn't it?

But how to get the books that was the problem. Well, if God ever blessed a boy with great-hearted parents I am he—and poverty has had only two stings for me, one, that I have never yet been able to do anything for my hard-working parents, and the other when I turned heavy-hearted from books which I could not buy. My parents supported me, and nearly all my "fees," slid through my hands for books. I can look before me now and see volumes which served me in the years ago as "substitutes" now for a coat, then for a breeches, and as for undergarments, heaven bless my dear old mother's industrious needle! She could not, indeed, "gar auld claes look amaist as weel's new," but she *did* hold them together until they were verily "expended in the service." Meanwhile, I got the books! But, alas, for the thoughtless book-lover, I showed but a shabby outside. I had not read *Sartor Resartus*—and who calls a shabby-looking doctor!

O young doctor, it will postpone your pecuniary prosperity, but if you would wear the doctor's robe and ring honestly, you can make but the one choice. Clothe your soul in knowledge—your body is as an old coat which you will one day cast aside.

And here I must own a debt which has been gathering for many years. It is my coinless obligation to the booksellers. Of the living I would especially acknowledge the *Luyster Brothers*, of Fulton street, the *Leggatt Brothers*, of Beekman street, and *A. Denham*, of Murray street. Nowhere, that I know of, can a poor scholar's money get him so much for so little; and if I were called to sit upon a throne, I should still leave their familiar shelves with deep regret. Many a time have I left their doors dust-begrimed and penniless, but with a bundle of books in my arms and a bliss in my heart that your rich book-buyer can never know. *David Luyster*, my friend of the warm heart, which yearned for the scholar in his hunger and his poverty, has "gone over to the majority," gone where knowledge is not sold but given. I miss him from his old familiar place—I will meet him again when my lesson here is said.

Among my dead benefactors in books I number Reeves and

Gowans. They are now reading the great *editio princeps* from an older press than Guttenberg and Faust's.

And that old man who kept the book-stall on the corner, he, too, has gone into the grand company of the great book-makers. I never knew his name, but, when after an unwonted absence, I sought him in his accustomed place, he was not, and the books were gone. The very stones of that street can testify that in my heart I mourned for him as for a friend.

I cannot recount them all, but God bless the book-sellers, and keep a special benediction for the old book stalls.

In this history of my book-gatherings I were ungrateful if I forgot to mention my wife. You see, a book-loving financier who forgets to buy clothes for himself is very apt to have little left for the buying of clothes for anyone else. O gentle wife have I ever had one reproach; hast thou not borne silently with a prodigality which thou couldst but know was ill-advised and unjust. True, when my luggard conscience has pricked me over-sharp, I have smuggled in a bundle of books after dark, fearing that forbearance would cease to be a virtue, and that the deserved explosion would come. But thou hast ever been like Chaucer's patient Griselda unto me, and if I have been of use to my kind as a physician much, very much is due to thee!

But with all these helps my progress was slow until I became as a little child. That is until I humbled myself, and, following John Hunter's "Don't think but try," submitted a posology which I had despised *to experiment*. From the day that I gave my first dose of the 30th potency I know I have grown; and I grew simply because I had burst the hidebound shell of self-conceit. Except one becomes as a child one can enter neither the kingdom of Heaven, nor of knowledge.

Still another thing did I need for my education; for not the gown, the hat, the ring, the kiss—usages old as Salerno's fame—can make the doctor. The master-touch is at the giving of no university.

I have been clothed with *this* doctor-robe three years to-day. It has been like the invisible cloak of Jack, the giant-killer, not that it has hidden me, but because *it* has not been seen though I have worn it continually in my ministrations.

I know the robe is on me when I find myself kissing a sick child. I know I wear the ring when I wrestle at a bedside, and when travail for the sick disturbs my sleep.

My title to my robe and ring reads thus :

S. J.

Immigrated January 13th.,

Emmigrated July 8th.,

A. D. 1872.

I can never forget my title—it is written not on parchment, but on a tablet of stone, like the tables of the law, and it bears the signet of death. He is the only *Cancellarius* who can invest with the robe and the ring of true doctorhood. His shadow must darken the post-graduates threshold and make him crouch in ashes wearing sack-cloth, and put a life-long-lasting hunger in his heart

“ ——— for the touch of a vanished hand
And the sound of a voice that is still.”

O child, that bore my name, I owe my doctor's robe and ring to thee! Forevermore, in all retrospects, I must date my true doctorhood from the day when I learned how little I know *from thee*. No more at eventide shall I seek thy resting-place in the quiet shadow of the little country church—not *thy* resting place but that of thine empty chrysalis—all that we saw of *thee*. Gently fall each evening's shadows there until we both meet *in the light*.

But our retrospect is not all shadow, all trial, all cross-bearing; the departed days have their sunsets of glory, and the pathway of the past is peopled with friends.

To acknowledge every obligation, and to specify ones every indebtedness is not possible; but God remembers what we forget, and not one of them is lost.

There is one to whom I am especially in debt, whom I can never repay, and mayhap a little rhyme called forth by one of his many *doings* will more or less pertain to all my many, all my undeserved friends.

That I carry their good wishes with me is nearly all that makes this going away not wholly a thing of pain, and gives me heart for the rest of the journey.

TO C. D.

I.

Once on the way of life I heard
 A mortal groaning 'neath his load.
 I stopped and said a kindly word
 And helped him on along the road.

We parted soon; and as he went
 His lonely way, I said: "Up there,
 Beyond the blue-walled firmament,
 Is one who has you in his care."

He journeyed on, with firmer tread,
 And soon had faded from my sight;
 And I forgot the words I'd said—
 Holding both words and service light.

II.

That night I saw a vision rare—
 'Twas even Him of Calvary—
 I know that face divinely fair;
 And, oh the bliss, it smiled on me!

And as I thrilled the dear lips spake:—
 "O swift to aid as quick to see,
 A cup of water for my sake
 Is counted as it were for me."

III.

A harvest from a single seed!
 Forever will the doing good
 Bring recompense beyond all need!
 Lord, be the lesson understood.

Carl Müller.

ALLOPATHIC STUPIDITY.—In 1849, Geo. B. Wood, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, published a treatise on the Practice of Medicine. In Vol. I, p. 571, speaking of dysentery, he says: "Dr. Young, of Chester, Pa., has employed buttermilk with success, as the exclusive remedy in numerous instances.—(*Am. Journ. of Med. Science*, N. S. *ij.* 260.)

Dr. Wood's was a standard text book in the allopathic schools for a number of years, but I have never yet heard of an allopathic physician recommending buttermilk in dysentery. I have used it since 1851, and I continue to use it with the greatest confidence. In fact, I have more confidence in buttermilk or peaches without medicine, than I would have in medicine without their aid; less than a quart a day is of very little use.

ELLAS C. PRICE, M. D.

LOBETHAL'S CONSUMPTION CURE.

KENOSHA, WIS., June 19, 1875.

Dr. Lodge:—The following correspondence will explain itself, as well as put the profession on their guard against stolen references. Dr. Macfarlan requested me to publish the letters in *Western Homœopathic Journals*.

N. A. P.

KENOSHA, WIS., June 7, 1875.

M. Macfarlan, M. D., Philadelphia.

Dear Doctor:—I received a pamphlet through Boericke & Tafel, New York, on consumption and its treatment, by Dr. Jul. Lobethal, in which they offer your name in reference.

Please advise me at your leisure what you think of the remedy offered, and any information you may possess concerning its use, and greatly oblige

Your obedient servant,

N. A. PENNOYER.

PHILADELPHIA, June 16, 1875.

(Copy.)
My Dear Sir:—Your letter is just received. The pamphlet, I believe to be a swindle. As far as I am concerned, I never used nor even heard of Dr. Lobethal's medicine for consumption as made and sold by Dr. Rohland through Boericke & Tafel, until a few days ago, when I received letters and a pamphlet from my friends at a distance asking me about it. Some years ago, a styptic cotton prepared by Rohland was sent me. I used it and found it good, and so said in a short note, asking for a further supply. I never saw the man, and now he takes my name on the first page as reference for the purpose, as it no doubt has the effect, of misleading people into the idea that I have used and recommend his cure for consumption. I am,

Yours truly,

N. A. PENNOYER, M. D., Kenosha, Wis.

M. MACFARLAN.

AN OPEN LETTER TO DR. S. A. JONES.

DEAR DOCTOR:—In your tirade-critical against Dr. Hale, you are decidedly out of the professorial style. And we who have been clapping our hands and tossing up our hats at the action of the Board of Regents in electing you Professor of Homœopathic Materia Medica, feel not a little crest-fallen that our champion should, in the very outset of his Thesian march, roll up his sleeves, spit on his hands, and swagger like an ———. Not that the undignified and slangy style of medical journalism has no charms for me. On the contrary, nothing so positively delights the very marrow of my bones as this flying in the face of the powdered, stocked and starched style of the "ancients." It is my style. I indulge it freely. I like it. But I am not a "Professor of Materia Medica," and there is the difference. I may throw dirt, and so might "Little Sam Jones." But can one of the pair upon whom, most of all, the eyes of the American medical world are now turned, afford to do that which I might fairly be applauded for doing?

And then, I am not so sure that this scathing criticism is just. Is it true that continual sighing points to "cardiac disease in the adult?" In the "continuousness" of the phenomenon there may lie a difference from ordinary sighing. Sighing as a symptom is very unreliable, and to my mind it is doubtful whether it and its congener "depression of spirits" should ever be recorded in the prover's day-book. It is purely a symptom of the prover, and not of the drug. How many drugs did Hahnemann prove without evol-

ving these symptoms of mental depression? This gloomy man of terrors, hunted by the law, persecuted by the guild, without the hope that he should see, after the manner of the flesh, the triumph of this truth, which next to that preached by the skin-clad prophet of the wilderness is greatest of all—is it strange that his mind should be beset with dreads and horrors not born of the drugs that crept through his veins and burned in his lungs?

Physiologically considered, this mental depression is the one peculiar sign of the indigestion of the starch element of foods and drugs. Overdoses of starch will invariably bring it about; as will overdoses of *any drug* when continued for a sufficient length of time. Because large doses of any and all substances will bring about this same indigestion of albumen and gluten. A healthy, strong stomach loaded to oppression and past the point of normally rapid digestion, is capable of producing this same "continual sighing"; and that without cardiac disease or imminence of an exanthem. This I have proven numberless times in my own person—being like the celebrated Wouter Van Twiller, five feet eight inches height, and nearly four feet in chest and abdominal circumference, and withal an enormous feeder. I observe this tendency to "sigh continually" about an hour after a square meal at which I have more than ordinarily distinguished myself. And I am sure that these spasmodic upheavals are not signs of mental despondency over contemplation of the anatomical bounds set upon ingestion. I am confident that we might wipe out the purely subjective mental symptoms (perhaps I do not use the adjective correctly) from pathogenesis, and remain the better for it. All mental symptoms are subjective, true enough; but I refer to those relating to exhilaration and depression of spirits, merely. They occur in all provings, and they occur without provings. The 50 m. of Sulphur (according to a writer in the Medical and Surgical Journal), is even a little more able to produce this symptom than any other. Though what becomes of the incalculably greater mass of Sulphur ingested with every mouthful of food taken, and in every breath of air drawn, is what no low potency fellow can find out. Hence I believe that the mental state is wholly independent of any characteristic effect of a drug belongs to all and to none.

Professor Hale's method of book-making may not be the best; but this book has done a good work, and should have due credit. Through it I first saw the broad daylight of *Similia* break out of the glooms of overhanging and all-pervading empiricism. I have made many good cures by its guidance, and still rely upon it. No objection to this "Characteristics" can obtain that does not hold equally against all such abridgements. To the advanced student of Materia Medica nothing less than a complete Symptomatology is satisfactory. To the beginner Hale's work is a God-send. And are not some of us predoomed "Beginners" forever?

WOUTER VAN TWILLER.

NOTE TO WOUTER VAN TWILLER.

I have always held that both the critic and the criticised appeal to one common tribunal ; and in the consciousness of my own willingness to abide by the finding of this tribunal I must beg that these lines will not be regarded as an endeavor on my part "to reply" to that "enormous feeder" Wouter Van Twiller. At the same time I would like to ask him : "My dear Wouter, have you been careful to distinguish between the *sigh* of an overburdened heart and the *grunt* of an overstuffed stomach? Your avowed prowess at the trencher, and your peculiar psychical pathology lead me to make the query."

As the personality behind this wax figure of Wouter Van Twiller is known to me, and as he has learned from some by-gone correspondence with me, that I can respect the thinker who differs with me, he will, I trust, pardon me if I refuse to be recognized as "*our* champion" in so far as he speaks for himself and his kind. It requires something more than a mere perception of "the broad daylight of *Similia*" before an Eclectic graduate can rightly christen me—an avowed Homœopath—his "champion." Not that I fail to find in Eclectic M. Ds. the FULL STATURE OF A PHYSICIAN, but simply because if *names* are worth anything they *mean* something. I desire, then, most respectfully to decline "championing" on a scale so inclusive.

The earnest gratitude which has led W. Van Twiller to testify in regard to benefits received from Dr. Hale's book is hardly more pleasing to Dr. H. than it is to me ; but the gratitude is more complimentary to Wouter's heart than the critical knowledge displayed is to his knowledge of homœopathy ; and if all Dr. Hale's endorsers shall display *such* a knowledge of physiology and of pathology, then have I, indeed, for them, written in vain.

Holding such views as I do in regard to the manner in which Dr. Hale has done his editing of the *New Remedies*, it will be evident that I must deem it singularly significant to find Dr. Hale defended by a practitioner who ignores the mental symptoms noted by Hahnemann ; who asserts "that the mental state is wholly independent of any characteristic effect of a drug ;" who is "confident that we might wipe out the purely subjective mental symptoms from pathogenesis, and remain the better for it."

Ah, Wouter, has "the broad daylight of *Similia*" illumined *Pulsatilla*, *Platina*, *Cannabis Indica* for you?

When you have comprehended Homœopathy in its application to the treatment of disease, when you learn to know that it demands a *Materia Medica Pura*, you may be able to understand a critic whose purpose you now can only condemn.

S. A. JONES.

ANN ARBOR, October 5.

UNIVERSITY OF MICHIGAN.

ANN ARBOR, Mich., October 11, 1875.

Dr. E. A. Lodge.—My Dear Doctor:—According to your desire, I send you a few items from the Homœopathic College. We have an increasing list of matriculants, now numbering twenty-two. Nearly all of these are "Juniors"; only two, thus far, being advanced students, or "Seniors."

We are informed that a dozen homœopathic senior students are finishing their curriculum in the old medical department. Naturally enough, they do not wish to seem to slight their old teachers.

No foundation exists for the suggestion of some of our writers and others, that the old school professors will be severe in the final examination of candidates, so causing their defeat. They have nothing to do with recommending or preventing the graduation of such, and we have the highest authority for saying that they are "*not to be even suspected of such a thing.*" No student, therefore, need fear it. Furthermore, it is the Homœopathic College to which they are amenable, from which they will graduate, through which the protection of the University is extended to them. The examinations on *Materia Medica* and *Practice* are held by the Homœopathic professors; and as to the other branches, from what we have seen, we are sure that the gentlemen who teach them have higher views of their function as University professors, than the gratification of partisan feeling at the expense of manliness and justice.

No one of them will have any other relation to our students than as special lecturers on isolated sciences, and examiners on the same; without corporate or individual responsibility for their endorsement as *physicians*; that is our affair.

Again—they will not be called on to sign their diplomas. To obviate the chance of difficulty, all diplomas of the University, *in all departments* (the literary, scientific and technical schools alike), will bear the signatures of the President and Secretary of the University, and theirs only. Thus, all graduates will be placed upon a platform of perfect equality. Lastly, our experience here, so far, has been characterized by universal courtesy and kindness, both official and personal; the exceptions being so trivial as not to merit notice. Homœopathy stands firmly and quietly in her place, as a component of this noble University.

J. C. M.

The following letter was published in a Chicago newspaper :

MICHIGAN HOMŒOPATHIC COLLEGE.

To the Editor of the Chicago Tribune:

CHICAGO, Oct. 2.—In your issue of to-day is a letter from your correspondent at Ann Arbor, Mich., in which mention is made of the so-called "Homœopathic College," which the Regents of the State University established as a branch of the University. It may as well be stated here that it is very doubtful if the Regents lived up to the letter or spirit of the law in establishing the Homœopathic Department.

The law passed by the Michigan Legislature reads as follows: "The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College as a branch or department of said University, which shall be located at Ann Arbor." The action of the Regents in appointing *two* Professors, one of "Theory and Practice," and one of "Materia Medica," and calling *them* the Faculty of the Homœopathic College, is a glaring absurdity, and the action of the State Homœopathic Society of Michigan in *accepting* such a travesty to represent a "Homœopathic college," was hasty and imprudent. Some of the best legal talent in Michigan, and in Chicago, do not hesitate to give an opinion that the action of the Regents was illegal and a fraud. It will become a matter of grave doubt whether the diplomas issued to homœopathic graduates will prove of any value whatever. It is also a matter of doubt if the Professors can legally draw any salary for their services. If the question shall come before the Supreme Court, as it may, no homœopathic or allopathic physician would testify that two Professors constitute a medical college.

There are eight homœopathic colleges in the United States, and none have less than nine Professors, and the majority have twelve or more.

The Homœopathic College, established as a department of the Boston University, has a corps of ten or twelve Professors.

The idea that these two Professors, untried and inexperienced, will be able to cover the whole ground of homœopathic therapeutics and materia medica is utterly absurd. In homœopathic colleges, the chairs of surgery, physiology, chemistry, obstetrics, etc., are all taught in such a manner as to show the relationship which they bear to homœopathic practice.

The homœopathists of Michigan will sooner or later find that they have been duped, and that the apology for a college will prove a disgraceful failure.

HOMŒOPATHIST.

The above communication is sadly incomplete in that it lacks the name of its author. This I purpose to supply.

(Copy.)

"CHICAGO TRIBUNE, Oct. 12, 1875.

"My dear Sir:—Dr. E. M. Hale, of this city, is the author of the letter referred to in your note of the 11th.

Respectfully,

(Signed)

S. J. MEDILL."

The note, of which the above is a true copy, was received from the editor of the *Chicago Tribune* in reply to the inquiry: who wrote the letter of Oct. 2, signed "Homœopathist."

It will be observed that the date of Dr. Hale's letter to the *Tribune* is Oct. 2, and by referring to a still earlier letter, it will be seen that Dr. E. M. Hale attaches little value to his own opinions: which, by the way, is a feature that tends to depreciate his contributions to our literature. I append the 'still earlier letter' to which I have referred.

(Copy.)

"CHICAGO, July 1, 1875.

"Sam'l. A. Jones, M. D.—Dear Doctor:—I was much pleased to see a despatch from Ann Arbor that you had been appointed to the chair of *Materia Medica* in the Homœopathic Department.

I sincerely hope you will accept the appointment. I *know* you will *fill* it. I feared they would get some old fossil in it who knew nothing but symptoms. You are a *live* man, and I believe you will give lustre to our cause, while in that position.

You have a talented coadjutor (*sic*) in Dr. J. C. Morgan, and between you you ought to make the 'fur fly.'

Very truly yours,

(Signed)

E. M. HALE."

The readers of this journal are aware that between Dr. Hale's letter of July 1st, to me, and his anonymous communication of Oct. 2, to the *Tribune*, my review of his *fourth edition*, and my "Open Letter," had appeared: "hence the trade-winds" which *blow* in opposite directions.

I have ever criticised Dr. E. M. Hale, in his capacity as an editor and an author, in all the sincerity of honest conviction. I have pronounced him, in each capacity, to be both incapable, unreliable, and untruthful; and, as his writings supply me with a profusion of such testimony as will substantiate my judgment as a critic, I am free to say that I am not duly grateful for this last evidence which, all unsolicited, he has placed in my hands—it appears to me only as a cloying *embarras des richesses*.

If "a man is known by the company he keeps," I am constrained

to tender a profound commiseration to every member of a Faculty of which Dr. E. M. Hale takes rank as a "worthy colleague."

I trust I may be permitted a few words in regard to myself. 1st. Never by word or deed did I seek the position which was awarded to me in Ann Arbor. I owe it to the opinion of little me which was expressed by men who are my superiors in all that pertains to a physician. 2. Both my colleague and myself were necessitated to make a pecuniary sacrifice in accepting our respective chairs. We do not recollect this to repine; we know it is a high privilege to "spend and be spent"; and since we have seen what a work may be done here, since we have heard disinterested "regular" prophecies that "Homœopathy would fizzle out in three years," since we have felt the heart cheering warmth of Western hospitality, since we have found out the truth-hunger of our "Class," since we have had an application for admission to our College from a distinguished graduate of the older Medical Department of this University, we have been more than content to stay here. 3. I hold my charge even as I received it—*subject to the judgment of my superiors*. If I am weighed and found wanting, it will not be my fault that the truer workman is not put in my place. Meanwhile, I ask the warm right hand of every homœopathic physician. I ask it hopefully, because in my very heart I know I am seeking in my poor way to subserve a truth which is not only mine but also theirs.

SAMUEL A. JONES.

ANN ARBOR, October 22, 1875.

OBSERVATIONS BY GENERAL EDITOR.

Just as soon as we found that the above letter to the Chicago Tribune was attributed to Dr. E. M. Hale, we wrote to him to ask if he was the author, stating the fact that when the article came to us, it was marked *Beebe*, in ink at the end. We also sent to Dr. Beebe asking if he wrote it. Dr. Beebe replied: "No, Sir." Dr. Hale answered: "*I don't know why I should be accused of being the author. Beebe has always opposed the Department plan. It is quite likely he wrote it. Hale.*" In another letter, Oct. 26, he says: "*In relation to the authorship of that article I will say that I was out of town when it appeared, but I have since learned that it was instigated by a Michigan Physician whose name I could not obtain. I suspect it to be Dr. Woodruff, but cannot say positively.*"

Informing Dr. Hale that the editor of the Tribune says that he (Dr. E. M. Hale) is really the author, Dr. Hale writes us, Oct. 29th:

"You ask me if I am the author of that communication. I answer that in a strict sense I am not. But I will explain my connection with that communication, and you may then judge for yourself. Several months ago I received a letter from one of the most prominent homœopathists of Michigan, *whose name I am not at liberty to give*, giving his opinion of the action of the Regents. He expressed a wish that I would publish his letter. * * * *I hastily made a few extracts from his letter and sent it to the Tribune enclosing my professional card.*"

We do not wish it to be understood that by printing the above portion of Dr. Hale's last letter that we are unwilling to give him space for such apology or defense as it is possible for him to make. The remainder of his letter is devoted to the discussion of the general question of the University, and this we will make room for in next issue.

E. A. L.

President Angell in his Annual Report to the Board of Regents on the 15th of October made the following statement in relation to the Homœopathic School :

Its establishment it is hoped puts an end to a controversy, which has been prolonged, unpleasant, and, in some respects, harmful to the University. The Regents in the exercise of authority vested in them by the Constitution of the State, have consistently and wisely declined to obey every law which asked them to appoint professors to teach the homœopathic system of medicine in the department of medicine and surgery, since from its establishment that department had been under the charge of a Faculty who believe that system to be false. But the law enacted last winter providing for a homœopathic college with a distinct and separate organization, and furnishing funds for its support, has met with a prompt recognition from the board.

It may not be inappropriate to indicate the plan of organization of this College, since misapprehensions prevail in some quarters.

It is a college or a school as independent in its organization from other schools or colleges in the University as the law school is distinct from the department of literature, science and the arts. Its affairs are controlled exclusively by its own Faculty. Persons desiring to obtain a degree in this college are registered and matriculated by themselves.

If they graduate they receive the diploma of the Homœopathic Medical College. It is a general rule of the University that students in any school or department may attend lectures in any other under such regulations as may be deemed wise. It is entirely in accordance with that idea that students in the Homœopathic College may attend lectures in anatomy, surgery, physiology, etc.

It is believed that reasonable men of both schools of medicine will agree that this is a judicious method of carrying the law of the State into effect. So much feeling has been awakened by the discussion and collision of the two schools in all parts of the country, and especially in Michigan, that no possible plan for setting up a homœopathic college here could escape criticism. But leading men of all schools have expressed their acquiescence in the plan adopted. It is hoped that our organization of work will, by its actual operation, commend itself to the approbation of the public. I feel that praise is surely due to the professors in the department of medicine and surgery, who, under the fire of criticism, sometimes harsh and ungracious, from certain of their professional brethren, have stood steadily at their posts, at the risk of being misrepresented and even calumniated.

If no unexpected embarrassments arise from this interesting experiment in medical education—for such we must consider the attempt to have two different systems of medicine taught, even in separate colleges, in the same university,—our obstacle to securing needed aid from the Legislature for the institution is removed.

At the same meeting of the Board :

On motion of Regent Rynd \$200 were appropriated to be expended by the Library Committee in connection with the Faculty of the Homœopathic College, for books for that college. Carried.

TROUBLE IN THE OLD MEDICAL DEPARTMENT.—A very strong pressure has been made upon the allopathic students at Ann Arbor, to get them to leave that Institution in a body, *free tuition* offered them at other medical colleges if they would do so. For a time there was great excitement, but happily it was quieted without actual rebellion.

NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

This association convened at the residence of Dr. A. C. Cowperthwait, Nebraska City, May 18th, 1875.

Dr. Emlen Lewis, of Omaha, Vice-President, occupied the chair. A number of the prominent physicians of Nebraska and Iowa were present.

Dr. Lewis then delivered the annual address, which was an able production and well received.

Dr. A. M. Smith, of Nebraska City, W. J. Earhart, of Omaha, and Miss Dr. Robinson, of Lincoln, presented credentials, and were duly elected members of the Association.

Dr. A. C. Cowperthwait read a paper on "the Study of Mind;" Drs. S. & S. Knowles, and L. J. Bumstead, each read a paper on "Cerebro Spinal Meningitis." These papers elicited lengthy and interesting discussions.

Business of considerable importance to the profession was transacted, and the following officers elected and committees appointed for the ensuing year:

President—Dr. O. S. Wood, Omaha.

Vice Presidents—Dr. W. D. Stillman, Council Bluffs—Dr. H. S. Knowles
Avoca.

Secretary—Dr. A. C. Cowperthwait, Nebraska City.

Prov. Secretary—Dr. L. J. Bumstead, Lincoln.

Treasurer—Dr. Emlen Lewis, Omaha.

Board of Censors—Drs. Knowles, Walker, Stillman, Bumstead and
Smith.

Executive Committee—Drs. Wood, Lewis and Stillman.

Finance Committee—Drs. Smith, Knowles and Carley.

Publication Committee—Drs. Cowperthwait, Bumstead and Walker.

Legislative Committee—Drs. Cowperthwait, Bumstead and Lewis.

The following Medical Committees were appointed:

Obstetrics—Drs. Lewis, Miss L. A. Robinson and Way.

Materia Medica—Drs. Cowperthwait, Knowles, Burr.

Clinical Medicine—Drs. Bumstead, Stillman, Wright.

Surgery—Drs. Wood, Carley, Cowperthwait.

Hygiene—Drs. Knowles, Smith, Hurlbut.

The following delegates were elected:

To the World's Homœopathic Convention in 1876—Drs. Cowperthwait,
Wood, Smith, Lewis, Bumstead.

To the American Institute of Homœopathy—Drs. Wood and Knowles.

To the Western Academy of Homœopathy—Drs. Cowperthwait, Lewis
Knowles.

The hour of midnight having arrived, the Society adjourned to meet in Omaha on the third Tuesday in May, 1876.—A. C. COWPERTHWAIT, *Secretary*.

BOOK NOTICES AND REVIEWS.—We have received a large number of books and pamphlets for notice but are obliged to defer reference to them for the present.

AMERICAN OBSERVER FOR 1876.—We are already making arrangements for the new year. There will be a re-organization of our corps of Editors, and several marked improvements.

Personal Notices, Etc.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR.

	June.	July.	August.	Sept'ber.
Number of Prescriptions . . .	2560	2480	2427	2361
New Patients	282	291	286	290
Patient Resident in Hospital . .	37	30	27	26
Average daily Attendance . . .	98	95	93	91
Largest daily Attendance . . .	136	145	136	132

ALFRED WANSTALL, M. D., *Resident Surgeon.*

MARITAL.

LODGE-FREEMAN. On the 20th day of October by the Rev. Dr. Aikman Albert Lodge to Miss Louisa Freeman.

"The unknown sea moans on her shore
Of Life; she hears the breakers roar;
But trusting Him, she'll fear no more;
For o'er the deep seas there is calm,
Full as the hush of all heaven's psalm:
The golden goal—the Victor's palm!"

KELLER-LIPPY. On the 10th of October at the residence of the bride's parents by Rev. D. W. Kelley, Dr. John D. Keller to Miss Sarah Lippy, both of Melrose, Md.

HILLER-LADD Married at San Francisco, Dr. D. A. Hiller to Sadie Loring Ladd. At home Thursdays in November at Palace hotel.

NECROLOGICAL.

LILLIE. We are deeply grieved to hear of the death of our beloved brother and co-laborer JAMES LILLIE, M. D., D.D., of *Kansas City, Missouri*. He was a native of Scotland, a practising physician of England some years ago, and since he had been in America an earnest and efficient laborer, both in Medicine and Theology. A Greek scholar of note he worked for some years with acceptance upon the Bible Union's new translation of the New Testament. A valued work in our library bears the title: "*Bishops and Councils; their causes and consequences*, by James Lillie, D.D., M. D. Published Edinburgh, 1870." We have printed some very able papers from his pen, and we now have in the compositors hands one of his best articles: It is beautifully written, elegant in penmanship, pure in diction, strong in logic, and definite in purpose. His warm heart is shown by the closing of the last letter we had the pleasure of receiving from him—"I cordially subscribe myself, Yours, for Apostolic Christianity and Hahnemannian Homœopathy, James Lillie, M. D."

BRODRICK. Died at Decatur on August 4th, of Cholera Infantum, after a sickness of only twenty hours, James Ashael, second son of Dr. H. M. and Annie Brodrick, aged 3 months, 1 day and 3 hours. "*The oldest of the twins.*"

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Pædomosology.

THOMAS NICHOL. M. D., LL.B., MONTREAL, CANADA, EDITOR.

DIARRHŒA INFANTUM.

BY J. YOUNGLOVE, M. D.*

Cases of cholera infantum degenerating into diarrhœa infantum, are above all those which try the sympathy and patience of the practitioner during the summer months. There is no class of cases which we are prone to fight with more persistency and zeal, and yet how many, after long weeks of anxiety, are doomed to die on our hands during the last stages of cerebral anæmia.

There are some good points in the treatment of these cases which we must always bear in mind from the very first.

For this affection is engendered not so much from the effects of hot weather alone, as the great and sudden changes which we are subject to in this climate. The human system can endure steady heat or cold quite extreme if it is even and uniform. This has been proved by the experience of travelers to far northern and southern latitudes. But in this zone where we experience more rapid and abrupt changes than any other place on the globe the system is suddenly called upon to adjust and harmonize itself to an entirely opposite degree of temperature from that it has just been experiencing; and before this is thoroughly accomplished another violent change may take place throwing one back to the opposite extreme again. We all know what a violent strain this is to the life and system of an adult. What must be the result upon the sensitive system of a tender child?

1st. In every way exhaustive to vitality.

2nd. Nervous shock.

3rd. Where the change is from warm to cold, the pores of the skin are closed, insensible perspiration together with sen-

* Read before the New Jersey State Medical Society.

sible which, if it has been very warm, have been going on at a tenfold ratio, is suddenly checked, and the function of this gland (the skin) is reverted to the mucous surface of the internal organs, more particularly the stomach and intestinal tube. Morbid conditions at once obtain here, and unless reaction is soon produced organic lesions will be the result.

With this state of things what are now some of the indications in treatment?—

1. Look out for clothing; keep thermometer in sick room, and increase or decrease flannels according to the indications of the mercury.

2. Direct the nurse to pin a flannel bandage around the abdomen of the child, and thus have it worn for weeks. It is a good non-conductor and an excellent preventive to future attacks or relapse.

3. We must address a remedy more particularly to the nervous system as Ox. Zinc, Gels., or Ignatia. Then Aconite to equalize the circulation. As to the color and variety of the discharges, they are generally green; but we also have:—corrosive, slimy, watery, bloody, purulent, undigested, sour smelling, foetid, granular, like chopped eggs, mucus mixed with fecal matter, etc.

If we now follow Dr. Bell in the further treatment of our cases, we go symptomatology blind, without the first ray of light or help which pathology or hygiene holds out to us.—Hence, we cannot succeed, for our prescribing is on very superficial grounds. Before we speak then of any special medical treatment for this class of cases let us go as deeply into the matter as possible and find out if we can, what is the pathological anatomy of the diseased part: A case which being on my hands for nearly two months last summer, getting much better at times then worse again, and exhausting all the remedies in the *Materia Medica*, finally died in convulsions. After much trouble I at last got consent to hold a post mortem, which resulted in the following notes, which I took on the spot:—

The child was seven months old and had never taken nour-

ishment from the breast. Cadaver very much emaciated.—Intestines all free from any organic lesions, but very pale and anæmic. Spleen large, $3\frac{1}{2}$ inches long by 2 inches wide.—Lungs healthy ; crepitation upon cutting into them, but somewhat ecchymosed at lower pendant part. Kidneys enormous in size, hypertrophied 2 1-2 long by 1 1-2 wide. Liver very large, three times the natural size ; a good deal of bile in the gall bladder ; extravasation of bile into the abdominal cavity. Pancreas healthy.

Remark : where there is a lack of complete assimilation, one organ may obtain a morbid hypertrophic growth at the expense of others.

Although I was disappointed in the revelations of this dissection, not finding morbid conditions where I had most expected them, and abundantly finding those I least anticipated ; and although the case died not from diarrhœa infantum per se, but from its ultimate effects, viz : inanition and general anæmia, including anæmia of the brain, which must have been the direct cause of the convulsions, still they taught a great and significant lesson in the treatment of these important cases. In order to fully understand and study my meaning at this point, let us go back and repeat the remark I made a moment ago : when there is a lack of complete assimilation, one organ may have a morbid growth at the expense of the others. From this let us take our cue and proceed according to logical and practical conclusions.

We have in the case before us this irregular hypertrophied development of the different organs of the abdominal cavity. This has been the ultimate effect of the disease and must have commenced at the very outset of the trouble. It behooves us then in all cases, and more particularly those that resolve themselves into a chronic form, to pay the most careful attention to the thorough digestion of the food and its normal and harmonious assimilation. By this means we shall be able to prevent hypertrophy and aid in the development of the vital forces in the system—which when our medicines prove abortive and useless will of themselves be the *vis medicatrix naturæ* to triumph over the intestinal weakness, and save the life of the patient.

One error we make, is that we are so anxious to effect a rapid cure by medicines, that we too frequently overlook the food, its quality, preparation, (and as I said before) its proper digestion and assimilation. Instead of that when called upon to treat a case of cholera infantum or diarrhœa infantum, we should at once lay siege and anticipate an all summer's job.—By that I mean: Work not alone for the present but the future. Build up the system by thoroughly digested nutriment and it will be fortified against the strain and wear and tear of the future. If cases are cured by medicine only they will soon come back again, and ultimately die; and to lose a case after two months struggle is mortifying.

There are many of these cases that medicine will not cure. The treatment to be successful must be mostly hygienic and dietetic. As to food, if the child is under 16 months of age it is better to keep it at the mother's breast until the dog days are passed at least, even if she is not very healthy, as the vitality and animal electricity generated by the mother in such close contact more than counterbalances the evil which the child may receive by sucking imperfect milk. As to food for children already weaned, there is always such a wide variety from Arrow-root down to Revalenta, that I will avoid mentioning any more and dwell more particularly upon the administration of some good preparation of *liquid Pepsin*, as the great auxiliary of digestion and assimilation.

There is debility of every digestive organ. In the stomach the evil commences. This organ being enfeebled is incapable of furnishing sufficient gastric juice for the natural and perfect digestion of the food, whatever it may be. Hence the chyle passes through the pylorus a poisonous and foreign element, irritating every tissue it comes in contact with, unnatural in color and unfit for perfect assimilation and nutrition. I have already had a case this spring where diarrhœa and green discharges lasted for several days, and did not yield to medication; yet upon the administration of liquid Pepsin just after the taking of food, the stools on the same day changed to yellow, and the child made a rapid recovery.

For hygienic treatment I repeat, the bandage around the abdomen, tepid bathing every day, and if much debilitated a bath *quite* warm once a day to alleviate the restlessness resulting from nervous irritability. If the head is hot, keep it swathed in linen cloths wrung out of cool water, not ice cold. Before they are put on however, first sponge the head and see that not only the hair, but the scalp also is thoroughly wet.—After this, and in order not to disturb the child, the sponge may be squeezed out over the head every half-hour.

Change of air is also highly beneficial. A residence of two or three weeks in the higher and mountainous regions of this State has turned the tide and saved many lives. So also the sea shore ; but I think mountain air preferable. Neither time nor the main object of this essay will permit me to speak of the different remedies and their indications in detail. That I must leave to a future occasion, or to other hands. And on that point I would refer the reader to the able paper of Dr. Richardson, of St. Louis, on *Cholera Infantum*, published in the *American Observer*.

But before closing, I would briefly mention a few remedies simply as auxiliaries. Aloes 2d., Phos acid dilute, Chamomilla 12th., Merc. dulc 3d., The last two in alternation when there is irritation and aggravation from dentition.—Where there is crying, petulancy, and continual sleeplessness, I have seen *very* satisfactory results from the use of *Codein*, which may be found among our list of homœopathic remedies, and I use as follows :—

One-quarter grain dissolved in one-half glass water, and one teaspoonful of this solution given every fifteen minutes until the child sleeps.

BUDIN ON PULMONARY APOPLEXY IN AN INFANT.—Arthur W. Edis, M. D., in *London Med. Record* says : M. Budin, in the *Annales de Gynecol.* August, 1875, records the case of a single woman delivered naturally of a healthy living fœtus, when on the third day œdema of the living extremities, with blueaess and coldness of the feet, were observed, together with rapidity of respiration. No abnormal symptom was discovered on auscultation and percussion of the chest. The child died the next day. At the post mortem examination, both lungs were found to be the subject of multiple hæmorrhagic infiltrations. No other lesions were detected. No cause for the condition could be assigned.

[The question of attempted suffocation seems to be not improbable.—*Rep.*]

Practice of Medicine.

Continued from page 457, September, 1875.

Pulsatilla. Headache from indigestion, or from eating fat meat; headache attended with nausea from the presence of bile in the stomach; beating headache, with vomiting of bile and mucus; hemicrania, with shooting pains extending into the ears and teeth; lacerating, sticking pains in one side of the head. Aggravation in the evening and when at rest;—amelioration by compression, and in the open air.

Suitable to females of mild disposition, especially when the menses are scanty or deranged.

Sanguinaria. Periodical sick headache, characterized by daily, weekly, or monthly paroxysms, beginning in the morning, increasing during the day, and subsiding at night, and accompanied with more or less nausea and vomiting. The pains are commonly sudden, sharp and severe, like electric strokes, and affect every part of the head, especially the forehead and occiput. Piercing, digging, lancinating pains, most severe on the right side, accompanied by chilliness, nausea, bilious vomiting, and sensitiveness to noise, light, touch and motion.

Sepia. Paroxysmal hemicrania, occurring in violent shocks, especially when connected with affections of the reproductive system; throbbing, beating, tearing headache, frequently accompanied by more or less heat, photophobia, nausea and vomiting; headache caused by indigestion,* especially in delicate females, or when associated with amenorrhœa, chlorosis, leucorrhœa, and other uterine derangements.

Stramonium.† Spasmodic, beating headache, with obscuration of sight and dullness of hearing; hammering in the vertex; giddiness, with thirst, and disposition to faint; congestive headache, with swelling and redness of the face and eyes.

Sulphur.‡ Congestive headache, with throbbing and heat; pressure from within outwards, as though the head would burst, especially in the forehead; jerking, shooting, or drawing pains in one side of the head; obscuration of sight; paroxysms attended with nausea and vomiting. Aggravation by thinking, the open air, and by movement.

Calcarea, China, Sepia, and Sulphur, are especially adapted to chronic cases, particularly when associated with some vice of constitution, or derangement of the organs of digestion and assimilation. *Calcarea* and *Sulphur*, particularly, are often indispensably necessary to effect a permanent cure, especially in very old, obstinate, and intractable cases. For further information consult *Tables V., VI., and VII.*

* See *American Hom. Observer*, vol. x, p. 321, *et seq.*

† *Ibid.*, vol. ix, p. 85, *et seq.*

‡ *Ibid.*, vol. vi, p. 184.

TABLE VI.—CEPHALALGIA, ITS CAUSES, ETC.

EMOTIONAL.	CONGESTIVE.	NERVOUS.	HYSTERICAL.	RHEUMATIC.	ARTHRITIC.	CATARRHAL.	GASTRIC.	UTERINE.	TRAUMATIC.
CHAMOMILL. IGNATIA ACONITE Belladonna Nux vomica	ACONITE BELLADONN. BRYONIA CHINA LACHESIS MERCURIUS NIT. AC. NUX VOMICA SULPHUR	ACONITE BELLADONN. NUX VOMICA CHAMOMILLA GELSEMINUM HEPAR. SEPR. VALERIANA ATRNICA ATRNICA AURUM AURUM BRYONIA Calcare Capsicum Cimicifuga Colocynthis Cicc. Coffea MANGANESE NUX VOMICA OPIMUM PHOSPHORUS PULSATILLA CHAMOMILLA Coffea Colocynth Rhus Silicea Spongia Veratrum vir.	CIMICIFUGA CHAMOMILL. MOSCHUS VALERIANA ARSENICUM AURUM CAUL. COCULUS GELSEMINUM IGNATIA LACHESIS MAGN. MAGN. M. NIT. AC. PHOSPHORUS PLATINA SEPIA Capsicum Rhus Spigelia Veratrum	ACONITE ARSENICUM BRYONIA CAUSTICUM COLCHICUM LYCOPOD. MERCUR. NUX VOMICA PULSATILLA RHUS BELLADONNA CIMICIFUGA LACHESIS LEDUM SEPIA SULPHUR. Arnica Chamomilla China Ignatia Mangane Nitr. ac. Petroleum Phosphor Zincum	ARSENICUM BELLADONN. BRYONIA CAUSTICUM CALC. C. PULSATILLA ACONITE ARNICA COLOCYNTH. IGNATIA KALI BIC. SABINA SEPIA SULPHUR. Aurum Capsicum Cicuta Ipecacuanha Manganese Nit. ac. Petroleum Phosphor. Veratrum Zincum	ACONITE BRYONIA NUX VOM. PHOSPH. PULSAT. ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA ARNICA Arsenicum Carb. v. China Cin. Cimicifuga Dulcamara Ignatia Lachesis Kali Lycopod.	IPECAC. NUX VOM. PULSAT. SEPIA ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA SULPHUR. Arsenicum Sanguinar. STICTA Cin. Cimicifuga Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Cocculus Opium Veratrum	BELLAD. CIMICIF. NUX VOM. PULSAT. ACONITE ARSENICUM CAUL. IGNATIA LACHESIS PLATINA SEPIA Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Magn. Nat. m. Spigelia Veratrum	ACONITE BELLAD. ARNICA ARSENICUM CALCAREA CONIUM MERCUR. Cicuta Hepar. Petroleum Rhus Sulphur ac.
CHAMOMILL. LYCOPOD. SEPIA Nux vomica Staphysagria	ALUMINA AMBRA ANT. ARNICA AURUM CALC. C. CANNABIS DULCAMARA GELSEMINUM GLONOINE IGNATIA IODIUM KALI LYCOPOD MANGANESE NUX VOMICA OPIMUM PHOSPHORUS PULSATILLA CHAMOMILLA Coffea Colocynth Rhus Silicea Spongia Veratrum vir.	VALERIANA ATRNICA ATRNICA AURUM AURUM BRYONIA Calcare Capsicum Cimicifuga Colocynthis Cicc. Coffea China Cypr. Glonioine Ignatia Ipecacuanha Petroleum Platina Pulsatilla Rhus Silicea Spongia Veratrum vir.	CHAMOMILLA MOSCHUS VALERIANA ARSENICUM AURUM CAUL. COCULUS GELSEMINUM IGNATIA LACHESIS MAGN. MAGN. M. NIT. AC. PHOSPHORUS PLATINA SEPIA Capsicum Rhus Spigelia Veratrum	ACONITE ARSENICUM BRYONIA CAUSTICUM COLCHICUM LYCOPOD. MERCUR. NUX VOMICA PULSATILLA RHUS BELLADONNA CIMICIFUGA LACHESIS LEDUM SEPIA SULPHUR. Arnica Chamomilla China Ignatia Mangane Nitr. ac. Petroleum Phosphor Zincum	ARSENICUM BELLADONN. BRYONIA CAUSTICUM CALC. C. PULSATILLA ACONITE ARNICA COLOCYNTH. IGNATIA KALI BIC. SABINA SEPIA SULPHUR. Aurum Capsicum Cicuta Ipecacuanha Manganese Nit. ac. Petroleum Phosphor. Veratrum Zincum	ACONITE BRYONIA NUX VOM. PHOSPH. PULSAT. ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA ARNICA Arsenicum Carb. v. China Cin. Cimicifuga Dulcamara Ignatia Lachesis Kali Lycopod.	IPECAC. NUX VOM. PULSAT. SEPIA ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA SULPHUR. Arsenicum Sanguinar. STICTA Cin. Cimicifuga Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Cocculus Opium Veratrum	BELLAD. CIMICIF. NUX VOM. PULSAT. ACONITE ARSENICUM CAUL. IGNATIA LACHESIS PLATINA SEPIA Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Magn. Nat. m. Spigelia Veratrum	ACONITE BELLAD. ARNICA ARSENICUM CALCAREA CONIUM MERCUR. Cicuta Hepar. Petroleum Rhus Sulphur ac.
IGNATIA ACONITE Hyoscyamus Spigelia	IGNATIA NUX VOMICA OPIMUM PHOSPHORUS PULSATILLA CHAMOMILLA Coffea Colocynth Rhus Silicea Spongia Veratrum vir.	VALERIANA ATRNICA ATRNICA AURUM AURUM BRYONIA Calcare Capsicum Cimicifuga Colocynthis Cicc. Coffea China Cypr. Glonioine Ignatia Ipecacuanha Petroleum Platina Pulsatilla Rhus Silicea Spongia Veratrum vir.	CHAMOMILLA MOSCHUS VALERIANA ARSENICUM AURUM CAUL. COCULUS GELSEMINUM IGNATIA LACHESIS MAGN. MAGN. M. NIT. AC. PHOSPHORUS PLATINA SEPIA Capsicum Rhus Spigelia Veratrum	ACONITE ARSENICUM BRYONIA CAUSTICUM COLCHICUM LYCOPOD. MERCUR. NUX VOMICA PULSATILLA RHUS BELLADONNA CIMICIFUGA LACHESIS LEDUM SEPIA SULPHUR. Arnica Chamomilla China Ignatia Mangane Nitr. ac. Petroleum Phosphor Zincum	ARSENICUM BELLADONN. BRYONIA CAUSTICUM CALC. C. PULSATILLA ACONITE ARNICA COLOCYNTH. IGNATIA KALI BIC. SABINA SEPIA SULPHUR. Aurum Capsicum Cicuta Ipecacuanha Manganese Nit. ac. Petroleum Phosphor. Veratrum Zincum	ACONITE BRYONIA NUX VOM. PHOSPH. PULSAT. ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA ARNICA Arsenicum Carb. v. China Cin. Cimicifuga Dulcamara Ignatia Lachesis Kali Lycopod.	IPECAC. NUX VOM. PULSAT. SEPIA ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA SULPHUR. Arsenicum Sanguinar. STICTA Cin. Cimicifuga Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Cocculus Opium Veratrum	BELLAD. CIMICIF. NUX VOM. PULSAT. ACONITE ARSENICUM CAUL. IGNATIA LACHESIS PLATINA SEPIA Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Magn. Nat. m. Spigelia Veratrum	ACONITE BELLAD. ARNICA ARSENICUM CALCAREA CONIUM MERCUR. Cicuta Hepar. Petroleum Rhus Sulphur ac.
IGNATIA PHOSPHOR. AC. Natr. mur. Staphysagria	IGNATIA NUX VOMICA OPIMUM PHOSPHORUS PULSATILLA CHAMOMILLA Coffea Colocynth Rhus Silicea Spongia Veratrum vir.	VALERIANA ATRNICA ATRNICA AURUM AURUM BRYONIA Calcare Capsicum Cimicifuga Colocynthis Cicc. Coffea China Cypr. Glonioine Ignatia Ipecacuanha Petroleum Platina Pulsatilla Rhus Silicea Spongia Veratrum vir.	CHAMOMILLA MOSCHUS VALERIANA ARSENICUM AURUM CAUL. COCULUS GELSEMINUM IGNATIA LACHESIS MAGN. MAGN. M. NIT. AC. PHOSPHORUS PLATINA SEPIA Capsicum Rhus Spigelia Veratrum	ACONITE ARSENICUM BRYONIA CAUSTICUM COLCHICUM LYCOPOD. MERCUR. NUX VOMICA PULSATILLA RHUS BELLADONNA CIMICIFUGA LACHESIS LEDUM SEPIA SULPHUR. Arnica Chamomilla China Ignatia Mangane Nitr. ac. Petroleum Phosphor Zincum	ARSENICUM BELLADONN. BRYONIA CAUSTICUM CALC. C. PULSATILLA ACONITE ARNICA COLOCYNTH. IGNATIA KALI BIC. SABINA SEPIA SULPHUR. Aurum Capsicum Cicuta Ipecacuanha Manganese Nit. ac. Petroleum Phosphor. Veratrum Zincum	ACONITE BRYONIA NUX VOM. PHOSPH. PULSAT. ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA ARNICA Arsenicum Carb. v. China Cin. Cimicifuga Dulcamara Ignatia Lachesis Kali Lycopod.	IPECAC. NUX VOM. PULSAT. SEPIA ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA SULPHUR. Arsenicum Sanguinar. STICTA Cin. Cimicifuga Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Cocculus Opium Veratrum	BELLAD. CIMICIF. NUX VOM. PULSAT. ACONITE ARSENICUM CAUL. IGNATIA LACHESIS PLATINA SEPIA Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Magn. Nat. m. Spigelia Veratrum	ACONITE BELLAD. ARNICA ARSENICUM CALCAREA CONIUM MERCUR. Cicuta Hepar. Petroleum Rhus Sulphur ac.
COFFEA OPIMUM Crocus Natr. carb.	COFFEA Colocynth Rhus Silicea Spongia Veratrum vir.	VALERIANA ATRNICA ATRNICA AURUM AURUM BRYONIA Calcare Capsicum Cimicifuga Colocynthis Cicc. Coffea China Cypr. Glonioine Ignatia Ipecacuanha Petroleum Platina Pulsatilla Rhus Silicea Spongia Veratrum vir.	CHAMOMILLA MOSCHUS VALERIANA ARSENICUM AURUM CAUL. COCULUS GELSEMINUM IGNATIA LACHESIS MAGN. MAGN. M. NIT. AC. PHOSPHORUS PLATINA SEPIA Capsicum Rhus Spigelia Veratrum	ACONITE ARSENICUM BRYONIA CAUSTICUM COLCHICUM LYCOPOD. MERCUR. NUX VOMICA PULSATILLA RHUS BELLADONNA CIMICIFUGA LACHESIS LEDUM SEPIA SULPHUR. Arnica Chamomilla China Ignatia Mangane Nitr. ac. Petroleum Phosphor Zincum	ARSENICUM BELLADONN. BRYONIA CAUSTICUM CALC. C. PULSATILLA ACONITE ARNICA COLOCYNTH. IGNATIA KALI BIC. SABINA SEPIA SULPHUR. Aurum Capsicum Cicuta Ipecacuanha Manganese Nit. ac. Petroleum Phosphor. Veratrum Zincum	ACONITE BRYONIA NUX VOM. PHOSPH. PULSAT. ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA ARNICA Arsenicum Carb. v. China Cin. Cimicifuga Dulcamara Ignatia Lachesis Kali Lycopod.	IPECAC. NUX VOM. PULSAT. SEPIA ANT. CR. CARB. V. CHINA COLLINSON. IGNATIA LACHESIS PLATINA SEPIA SULPHUR. Arsenicum Sanguinar. STICTA Cin. Cimicifuga Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Cocculus Opium Veratrum	BELLAD. CIMICIF. NUX VOM. PULSAT. ACONITE ARSENICUM CAUL. IGNATIA LACHESIS PLATINA SEPIA Bryonia Calcare China Cocculus Colocynth. Dulcamara Ferrum Kali bic. Magn. Nat. m. Spigelia Veratrum	ACONITE BELLAD. ARNICA ARSENICUM CALCAREA CONIUM MERCUR. Cicuta Hepar. Petroleum Rhus Sulphur ac.

TABLE VII.—CEPHALALGIA, ITS SEAT AND CHARACTER.

REMEDY.	RIGHT.	LEFT.	FRONT.	OCIPUT.	TEMPLES.	VERTEX.	REMARKS.
Aconite.....			..Throbbing.....		..Piercing.....		..Congestion to the Head.
Arsenicum.....	..Periodical.....	..Pulsative.....	..Crampy.....		..Hammering ..		..Semi-lateral Headache.
Belladonna.....	..Shocks.....	..Shocks.....	..Beating.....	..Shocks.....			..Cerebral Congestion.
Bryonia.....	..Shooting.....	..Shooting.....			..Pressure.....		..Semi-lateral Pains.
Calcareo.....	..Beating.....	.. <i>Hemicrania</i>.....	..Darting.....	..Cutting.....	..Pressure.....	..Spasmodic.....	..Nausea and Vomiting.
Chamomilla.....	..Drawing.....	..Throbbing.....					..Semi-lateral Pains.
China.....	..Shooting.....	.. <i>Hemicrania</i>.....	..Darting.....	..Cutting.....	..Pressure.....	..Spasmodic.....	..Nausea and Vomiting
Glonoine.....			..Throbbing.....	..Throbbing.....	..Stiches.....	..Throbbing.....	..Cerebral Congestion.
Ignatia.....			..Spasmodic.....	..Spasmodic.....	..Pressure.....		..Clavus.
Ipecacuanha.....			..Lacerating.....	..Tensive.....		..Tensive.....	..Nausea and Vomiting.
Mercurius.....	..Tearing.....	..Shooting.....	..Pressure.....	..Stiches.....	..Stiches.....	..Throbbing.....	..Nightly Headache.
Nux vomica.....		..<i>Hemicrania</i>.....	..Lacerating.....		..Pressure.....	..Bruised.....	..Clavus. Nausea and Vomiting
Opium.....			..Pressure.....	..Pressure.....			..Cerebral Congestion.
Pulsatilla.....	..<i>Hemicrania</i>.....	..Stiches.....	..Creeping.....		..Shooting.....	..Boring.....	..Nausea from Indigestion.
Rhus tox......	..Heavy.....		..Burning.....	..Heavy.....	..Stiches.....		..Headache after Eating.
Sepia.....	..Drawing.....	..Tearing.....	..Pressure.....	..Drawing.....			..Headache every Morning.
Silicea.....	..<i>Semi-lateral</i>.....		..Shooting.....		..Pressure.....		..Daily Morning Headache.
Spigelia.....		..Digging.....	..Lacerating.....	..Lacerating.....	..Lacerating.....	..Boring.....	..Periodical Headache.
Sulphur.....	..Shooting.....	..Jerkng.....	..Pressure ⁴.....				..Returns every Week.
Veratrum.....		..Beating.....	..Dull.....		..Pressure.....	..Pressure.....	..Nausea—Faintness—Delirium

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

A MANUAL OF BANDAGING.*

FRONTO-CERVICO-LABIAL TRIANGLE.

(*Mayor's Invaginated Bandage of the Upper Lip.*)

Description.—A square should be folded to a triangle, having a base of forty inches, and a height of eighteen inches.

Application.—Place the centre of the base of the triangle upon

FIG. 32.



Fronto-Cervico-Labial Triangle.

the forehead, A, carrying the extremities down and backwards to the nape of the neck, covering over the apex of the triangle, there crossing them; then bring them forward over the upper lip, putting one extremity through a slit in the other, as 2, 2'. Carry the ends horizontally backwards to the nape of the neck, there confining them by tying, or otherwise. The apex of the triangle is to be carried directly up over the occiput and pinned at the summit of the head, as at 3. Compresses

similar to those used in the preceding can be employed to advantage in this bandage of Mayor's; and they are especially indicated if much tendency to gaping exists in the wound.

Uses.—The same as those of the preceding. As it is more easily applied, and quite as serviceable, it might be recommended, in most cases, to take the place of the Roller Invaginated for the Upper Lip.

Variety.—Instead of crossing the extremities of the triangle upon the upper lip, they can be made to cross upon the *under* one, and thus fulfil the indications of The Roller Invaginated of the Under Lip, described upon page 44. It is then known as *The Invaginated Triangle of the Under Lip*.

POSTERIOR CROSS OF THE HEAD AND NECK.

(*Cross of the Occiput.*)

Description.—This bandage should be five yards in length, and one and one-half inches in width.

* Continued from page 561.

Application.—Standing at your patient's back, place the initial

FIG. 33.



Posterior Cross of the Head and Neck.

end of the bandage near the occiput, as at 1, and confine it by a single horizontal turn, 2; afterwards carry it round to the forehead, in the course of turn 2, till you come to the left parietal protuberance, when you carry it diagonally down to the nape of the neck, finishing course 3; continue onwards around the neck, making a horizontal circular turn about it for course 4. For course 5, carry the roller-head obliquely up across the occiput, over the right ear, then obliquely down to the nape of the neck, from over the left ear, thus finishing course 6. Course 7 is the same as course 5. Course 8, the same as course 6, and so on; at last finish by horizontal turns, about the forehead and occiput, and confine with pins as usual.

Uses.—In confining rubefacients and vesicants to the nape of the neck; also, for retaining dressings, or emollient applications, to burns and other injuries about the occipital region.

FOUR-TAILED BANDAGE OF THE HEAD AND NECK.

(Sling of the Occiput.)

Description.—This should be forty-eight inches in length by five inches in width. Fold it lengthwise at the centre, and cut back the ends, in the median line, to within three or four inches of the fold.

Application.—Place the plane of the bandage at the nape of the neck; carry the superior ends of the bandage up over the head and confine there by tying. Then carry the inferior ends horizontally forwards around the neck, and tie; or else cross them, and return to the back of the neck with them, and there pin.

Uses.—Similar to that of the Posterior Cross of the Head and Neck, described above.

CHAPTER VI.

BANDAGES OF THE NECK.

CIRCULAR OF THE NECK.

(Spiral of the Neck.)

Description.—This bandage should be one yard in length and one and a half inches in width.

Application.—Place the initial end of the bandage at one side of the neck, quite low down, and exhaust it by circular turns, gradually working upwards to the jaw, so as to give a spiral form to the courses of the bandage. Confine in the usual way.

Uses.—Is useful in maintaining dressings to the back, sides, or front of the neck. Caution should be observed that it does not constrict the parts, and so impede circulation.

CERVICAL CRAVAT.

Description.—A triangle folded to a cravat of sufficient length to encircle the neck twice.

Application.—Place the middle of the cravat over or near the seat of injury, carry the ends horizontally backward, cross them and bring forwards again, and confine by tying.

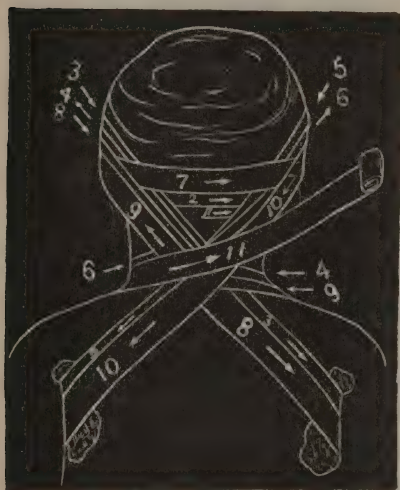
Uses.—Similar to the Circular of the Neck ; as it is much simpler, probably this bandage of Mayor will be more often used than the preceding.

POSTERIOR FIGURE OF 8 OF THE HEAD AND THE AXILLÆ.

Description.—This bandage should be nine yards long by one and three-quarter inches wide.

Application.—Standing at the back of your patient, place the

FIG. 34.



Posterior Figure of 8 of the Head and the Axillæ.

initial end of the bandage at the occiput, 1, and confine by a horizontal turn, 2, about the head. Bend, now, the patient's head backwards and carry the bandage up over the left parietal protuberance, then down across the neck to the right axilla, thus finishing turn 3. Then carry the roller-head under the arm, up over the front of the right shoulder, then to the left parietal protuberance, in line of course 3, thus finishing course 4. Continue the course of the bandage about the forehead,

mount the right parietal eminence, and descend diagonally down across the back of the neck to the left axilla, thus finishing course 5. Pass the bandage under this arm, up over the front of this shoulder, and re-mount to the right side of the head, in line of course 5, thus finishing turn 6. Make, then, a complete horizontal circuit of the head, for course 7, coming down over the left parietal eminence to the right axilla for turn 8. Make course 9 similar to course 4, course 10 to course 5, course 11 to course 6, slightly overlapping the preceding turn in each case, and finally exhaust by horizontal turns about the forehead and occiput, there confining as usual.

Uses.—In cases of burns of the anterior surface of the neck and the upper part of the chest, where vicious contraction of the cicatrix is to be feared. Also in horizontal wounds of the back of the neck, thus aiding in securing the proper coaptation of the parts. This is quite a firm bandage, and most any degree of backward flexion of the head can be maintained.

NOTE.—Turns 4, 6 and 9 have been exaggerated, at their crossing upon the back of the neck, in order to show their courses more

plainly. In other words, they are too *angular*, as represented in the cut.

DOUBLE POSTERIOR T OF THE HEAD AND THORAX.

Description.—Same as Double Anterior T of the Head and Thorax, page 50.

Application.—The reverse of that bandage, the head being flexed backwards; the application is then essentially the same as seen in cut No. 35.

Uses.—The same as those of the Posterior Figure of 8 of the Head and the Axillæ, and may be preferred to it.

FRONTO-DORSAL TRIANGLE.

Description.—The same as the Occipito-Sternal Triangle described on page 51.

Application.—The reverse of the Occipito-Sternal Triangle. Imagine your patient to be with his back to you, in Fig. 36, and the application will then be readily understood, as it is so similar.

Uses.—Mayor designed this to take the place of the Posterior 8 of the Head and Axillæ, and the Double Posterior T of the Head and Thorax, which it does admirably.

ANTERIOR FIGURE OF 8 OF THE HEAD AND THE AXILLÆ.

Description.—This bandage should be nine yards in length by one and three quarter inches in width.

Application.—See Fig. 34. This bandage is to be applied just the reverse to this; that is, stand in front of your patient, and place the initial end at the forehead, flexing the head forwards upon the chest.

Uses.—In cases of burns of the back of the neck, or upper portion of the back where vicious cicatricial contraction is to be feared. Also for transverse wounds of the front part of the neck. This bandage is not often employed on account of the inconvenience from the

crossings of the bandage, which occur upon the patient's face. Either the following, or the Occipito-sternal Triangle, is to be preferred to it.

DOUBLE ANTERIOR T OF THE HEAD AND THORAX.

Description.—I. A broad band, eight or ten inches wide, and sufficiently long to encircle the chest.

II. Two shoulder strips to act as “suspenders” of this broad thoracic band.

III. A bandage three yards long and one and three-quarter inches wide. To the superior border of this bandage, at a distance of twenty inches from the initial end, is to be sewed (at right angles) a strip two feet long, by one and one quarter inches wide. To the inferior border (at nearly right angles) are to be sewed two strips, each eighteen inches long by one inch wide, at three inches distant, each way, from the lateral borders of the strip sewed to the superior border of the main bandage; thus having some eight inches intervening between the two inferior strips.

Application.—Encircle the thorax with the broad band, A, con-

FIG. 35.



fining by pins or stitches; and to it pin the “suspenders” B, B’. This done, place the initial end of the roller upon the forehead, C-I, and confine by a horizontal turn, 2; carry the single band, D, up over the top of the head and down under the horizontal course of the main bandage, at the occiput, again remounting the head and confining with a pin or stitches. After this, exhaust the roller, C, by horizontal courses about the forehead and occiput. After doing this, flex the head upon the chest, to that degree deem-

ed requisite, and confine it there by pinning the strips E’, E, to the thoracic band, A.

Uses.—Same as those of the Anterior Figure of 8 of the Head and Axillæ, and is to be preferred to it.

OCCIPITO-STERNAL TRIANGLE.

Description.—I. A triangle one yard long and having a height of eighteen inches.

II. A triangle of the same size folded to a cravat.

Application.—Place the centre of the cravat at the sternum,

FIG. 36.



Occipito-sternal Triangle.

and conduct both ends backwards, under the axillæ, and confine with a knot, at the back. Place, now, the centre of the base of the triangle at the forehead, carry the two extremities backwards, over the apex of the triangle, to the occiput, crossing them here to conduct them forwards, and obliquely downwards to the sternum, after having pinned them at the sides of the head. Flex the head sufficiently, and then tie them about the cravat. The apex of the tri-

angle can be confined as in ordinary cases.

Uses.—Mayor designed this bandage to take the place of the Anterior 8 of the Head and Axillæ, and the Double Anterior T of the Head and Chest, which it does admirably; and for readiness of application, and the abundant security it gives, it is to be preferred to them.

FIGURE OF 8 OF THE HEAD AND AXILLA.

(Lateral Bandage of the Neck.)

Description.—This bandage should be six yards long by one and three-quarters inches wide.

Application.—Standing behind your patient, place the initial

FIG. 37.

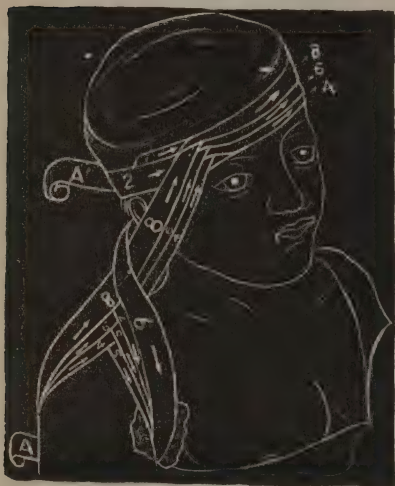


Figure of 8 of the Head and Axilla.

end, 1, at the forehead, and confine by a single horizontal turn, 2. Having arrived at the occiput, on the third course, flex the patient's head on the side injured, the right for instance, and carry the bandage down in front of the right shoulder to the axilla, thus finishing turn 3. Continue the course of the bandage on beneath the right axilla, and up to the forehead; here reverse and confine with a pin, thus finishing turn 4. Turn 5 is to be in the course of turn 3, turn 6 of turn 4, and

so on. At last exhaust the bandage by horizontal turns about the forehead and occiput, or the right arm, as A', or A.

Uses.—In cases of burns of the side of the neck where vicious cicatricial contraction is feared; or, of transverse wounds of the sides of the neck, when gaping would otherwise persist.

PARIETO-AXILLARY TRIANGLE AND CRAVAT.

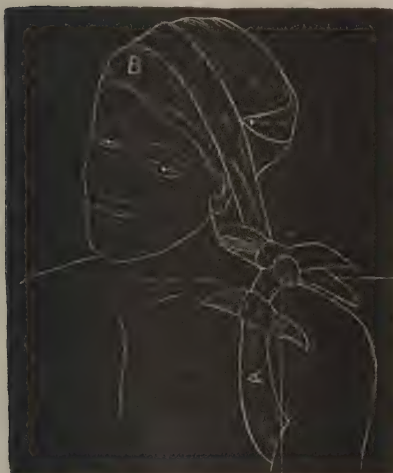
(Lateral Triangle of the Neck.)

Description.—I. A triangle having a base one yard in length, with a height of sixteen inches.

II. A triangle of same size folded to a cravat.

Application.—Pass the cravat, A, under the left axilla, supposing

FIG. 38.



you wish to incline the head to the left, and tie in front of the shoulder. Place the base of the triangle, B, over the left parietal region, and carry the two extremities horizontally around the head, cross them, flex the head towards the left shoulder, and bring them down and tie to the cravat. Confine the apex of the triangle with a pin, as usual.

Uses.—This bandage of Mayor fully takes the place of the preceding, and is far preferable to it, so far as ease of ap-

plication and removal is concerned. It is equally efficacious in restraining the movements of the head. May be applied to either side of the head.

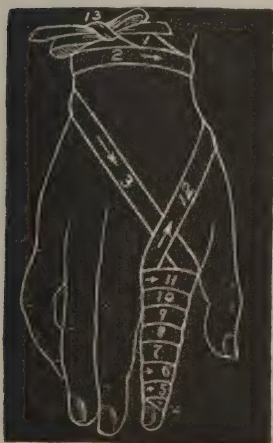
BANDAGES OF THE UPPER EXTREMITY.

SPIRAL OF ONE FINGER.

Description.—This bandage should be one and one-half yards in length by three-quarters of an inch in width.

Application.—Suppose it is the right fore-finger to which

FIG. 39.



Spiral of one Finger.

you wish to apply the bandage. Pronate the hand; after unrolling four or five inches of the bandage, place it upon the back of the wrist, as 1, and confine it by a single circular turn, 2. Continue the course of the bandage about the wrist till you come to the ulnar border, when you cross down the back of the hand (course 3) and continuing the course of the bandage onwards along the radial side of the forefinger, you encircle this at the tip, as course 4. Courses 5, 6, 7, 8, 9, 10 and 11 encircle the diseased member spirally; while course 12 runs obliquely upwards, from the first finger-cleft, across the back

of the hand to the radial side of the wrist, partially encircling it, when you tie both extremities, as at 13.

Uses.—For maintaining the coaptation of severed parts, when there is a longitudinal wound; also for confining dressings and splints to the part. This bandage is applied to any one of the fingers, or the thumb, of either hand.

POSTERIOR FIGURE OF 8 OF THE THUMB AND WRIST.

(*Spica of the Thumb.*)

Description.—This bandage should be two yards in length by three-quarters of an inch in width.

Application.—If it be the right you wish to bandage, place the

FIG. 40.



Posterior Figure of 8 of the Thumb and Wrist.

hand midway between pronation and supination. Unroll four or five inches of the bandage, and thus place it, 1, upon the back of the wrist, and confine by two circular turns, 2 and 3; continue on in the same course till you come to the ulnar border of the hand, when you descend obliquely across the back of the hand to the radial side of the thumb, at the phalangeal articulation, thus finishing course 4. Pass under the thumb and then up over it, and diagonally upwards to the radial side of the wrist, finishing course 5. Turns 6, 8, 10, 12 and 14, etc., respectively follow the course of turn 4; while those of 7, 9, 11, 13 and 15, those of turn

5. At last exhaust the bandage by circular turns about the wrist, and confine by tying.

Uses.—For confining dressings to the back of the thumb, or the first metacarpal space; also as dressing after the reduction of a dislocation of the first phalanx. It can be applied so that the spiral shall run *downwards*, instead of *upwards*, as we have given; but the descending spiral can rarely be put on so evenly and regularly.

POSTERIOR FIGURE OF 8 OF THE HAND AND WRIST.

Description.—This bandage should be one and one-half yards in length by one and one-quarter inches in width.

Application.—Place the initial end, 1, on the back of the wrist—the left, for example,—and confine by

FIG. 41.



Posterior Figure of 8 of the
Hand and Wrist.

—the left, for example,—and confine by a circular turn, 2; continue the course of the bandage about the wrist till you come to the radial border, when you descend obliquely across the back of the hand to the fifth metacarpo-phalangeal articulation, thus finishing turn 3. Turn 4 is a circular course about the metacarpo-phalangeal articulations; whilst course 5 ascends obliquely across the hand, from the radial border of the fore-finger, to the ulnar border of the wrist. Turn 6 is a simple circle of the wrist. Course 7 is in line of course 3, slightly overlapping it; course 8, in line of course 4; course 9, of course 5. Exhaust the bandage, at last, by simple circles about the wrist, and confine in the ordinary way.

Uses.—For confining dressings to the back of the hand or wrist, as cataplasma, graduated compresses over ganglionic cysts, etc.; also as an after-dressing after a dislocation backwards of the os magnum, or any of the dislocations backwards of the first row of phalanges.

ANTERIOR FIGURE OF 8 OF THE HAND AND WRIST.

Description.—This bandage should be one and one-half yards long by one and one-quarter inches wide.

Application.—Just the reverse of that seen in figure 41; that is, imagine the palm of the hand presenting, and then apply as above described.

Uses.—To confine dressings to the palm of the hand, and to the anterior surface of the wrist; also, to confine compresses to the region of the palmar arches, in case the vessels are wounded, and ligation is called for.

FOUR-TAILED BANDAGE OF THE HAND.

(Sling of the Hand.)

Description.—This bandage should be eighteen inches in length by three or four inches in width.

Application.—Fold the ends together, and then tear, or cut them back to within two inches of the folded centre, thus making a bandage similar to the compress seen in figure 4, page 17. Place the plane of the bandage either upon the palm or the back of the hand, according to the seat of injury. Tie the inferior ends about the metacarpo-phalangeal articulations; whilst the superior ends you carry obliquely upwards to the wrist, and confined there by tying about it.

Uses.—This bandage is intended to take the place of the Posterior and Anterior Figure of 8's of the Hand and Wrist, in injuries about the palm or the back of the hand. As it is more easily applied, it has, perhaps, become a more general favorite.*

DOUBLE T OF THE BACK OF THE HAND AND WRIST.

Description.—The main bandage, A, should be some twenty-eight inches in length by one inch in width. At a distance of three inches from the initial end, stitch, at right angles, another bandage, B, twenty inches long, by three-quarters of an inch wide; at a point two inches from this, stitch, at right angles to the plane of the main bandage, and parallel to B, another bandage, C, of the same dimensions as B.

FIG. 42.



Diagram.

Application.—Place the initial end of the bandage, A, upon

NOTE.—The systems of *Triangles* and *Cravats* are so readily applied to the hand, and are in such common use by the laity, even, no description of them is thought necessary.

FIG. 43.



Double T of the Back of the
Hand and Wrist.

the back of the wrist, so that the first perpendicular portion of the bandage, B, will correspond to the first interosseous space, and the portion C, with the fourth interosseous space. Confine the initial end by a single circular turn, 2, about the wrist. Carry the portion B down the first interosseous space, around over the palmer surface of the first joint of the index finger, and then back, over the second interosseous space, to the wrist; this done, make another circular turn about the wrist with the main bandage, as turn 3, running over the recurrent portion of B at the wrist.

Continue these circular turns of A until the bandage is exhausted, when confine with a pin. Conduct, now, the other perpendicular portion, C, down the fourth interosseous space, across the palmer surface of the metacarpo-phalangeal articulation of the ring-finger, back, over the third interosseous space, to the wrist, here tying with the end of the first portion, B, as at D, after the requisite amount of extension of the palmar tissues, or fingers, has been obtained.

Uses.—In cases of burns of the palm of the hand, or extensive suppurations, where vicious cicatricial contractions are to be feared. In cases of injuries of the finger-clefts, from burns or otherwise; here using compresses, soaked in carbolized oil, to prevent the union of the sides of the fingers from “angular” granulation. Also for confining dressings to the back of the hand.

Variety.—*Single T of the Back of the Hand and Wrist.*—In this case but one perpendicular portion of the bandage is used, as B, or C; it being applied between any finger-clefts desired, and in a manner similar to the above.

The *uses* are similar to the Double T just described, only are more limited.

PERFORATED T OF THE HAND AND WRIST.

FIG. 44.

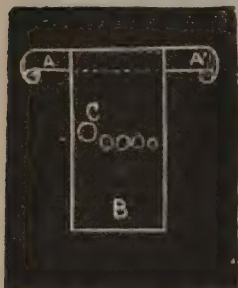


Diagram.

Description.—A bandage, A, A', eighteen inches in length by one inch in width. At the middle of this, at right angles to it, stitch a piece of linen, or flannel, B, twelve inches in length by four inches in width, having five perforations; the first, corresponding, from its size and position, with the thumb, as c. The other perforations are made at such distance from each other, and of such size, as will readily admit the fingers.

Application.—Suppose it to be the right hand. Carry the

FIG. 45.



Perforated T of the Hand and Wrist.

fingers and thumb through their respective perforations in the portion B, and place the portion A at the back of the wrist. Carry forwards the lower portion of B (see figure 44), up across the palm of the hand, folding it about the wrist, as D, D'. Conduct, now, the two extremities of the main bandage (A, A', figure 44) circularly about the wrist, binding down the recurrent portion of B (D, D'); and when exhausted, tie the ends together, as at c.

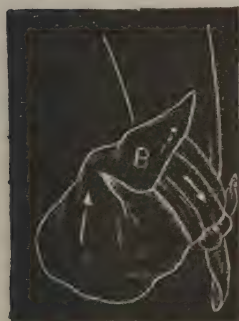
Uses.—Designed to take the place of the Double or Single T Bandage of the Hand and Wrist; also for confining dressings to the palm of the hand, as well as to the dorsal portion.

CARPO-DIGITO-PALMAR TRIANGLE.

Description.—This should be a triangle having a base twenty-four inches in length and a height of twelve inches.

Application.—Place the base of the triangle upon the palmar

FIG. 46.



Carpo-Digito-Palmar
Triangle.

surface of the wrist; conduct both extremities circularly around the wrist, tying at the back. Fold the sides of the triangle over the dorsum of the hand, and carry the apex of the triangle up over the back of the fingers (extending them as circumstances demand) to the wrist, as at B, there confining.

Uses.—For maintaining dressings to the palm of the hand, and also for extending the fingers upon the forearm, in cases of burns of the palm, where vicious cicatrization is to be feared; also in transverse wounds of the back of the hand. In these latter cases it takes the place of the Double **T** of the Back of the Hand and Wrist.

DOUBLE ANTERIOR **T** OF THE HAND AND WRIST.

Description.—The same as the Double **T** of the Back of the Hand and Wrist (page 57).

Application.—The reverse of the Double **T** of the Back of the Hand and Wrist; that is, it is to be applied to the *front* of the hand.

Uses.—Similar to the above in cases of finger-cleft injuries, or after web-finger operations. Also in cases of burns across the back of the metacarpo-phalangeal articulations, or transverse wounds across the front of the same joints.

Variety.—*Single Anterior T of the Hand and Wrist.*—Only one perpendicular, or finger-cleft, portion of the bandage is to be used. It can be applied to any of the finger-clefts desired.

The *uses* are similar to the Double **T**, only more limited.

THE HEPATIC ABSCESS AFTER INJURIES OF THE HEAD.

BY DR. BÆRENSPRUNG.

Valsalva already observed abscesses of the liver in the corpses of persons who died from injuries of the head. Very frequently we meet an injury of the liver simultaneously with the *injury of the head*, a mere *coincidence* without any direct connection, this might have been caused by a direct traumatic action on the liver, or a general concussion of the body, e. g. after a fall on the head from a great height, a *contrecoup* may cause a lesion of the liver with subsequent formation of an abscess, and in many such cases we fail to observe external traces of the injury in the hepatic region; even extensive suppurations in the liver may run their course without pain and remain latent, or it may simulate the manifestations of an entirely different disease, as only the co-affection of the serous coat will show inflammatory local symptoms.

Another etiological cause of hepatic abscesses are *malignant emboli* from the extra-hepatic branches of the portal vein and the clots carried forward by the art. hep. *John Davy* was the first to show how rapidly spontaneous venous clots enter the most different vascular region, especially in persons with great prostration of vital power and slow circulation of blood. These spontaneous coagulations, marantic thromboses, are most frequent where the veins are most numerous and form anastomoses, where there are, as *Virchow* expresses it, a number of superfluous, or at least not necessary canals (Plexus vesic., uterin., etc.). We must also consider the so-called thromboses from dilatation, the varices of the lower extremities, of the labia, of the spermatic cord, of the rectum. Where such clots become putrid and fall to pieces, they may be carried into the liver, and in consequence of their malignant quality embolic foci arise. And just such a high-graded prostration is frequently observed in injuries of the head, and thus the cause of the ichorous detrition. The fact, that in examining hepatic abscesses after lesions of the head the hepatic veins were usually found thrombosed whereas the branches of the portal vein and of the art. hep. appeared perfectly free, gave rise to the idea, that thrombi carried forward from the veins on the skull retrograde from the vena cava sup. into the vena cava inf. and hence into the hepatic veins, and thus cause the formation of hepatic abscesses (Magendie, Meckel). B. considers this idea wrong, the coagulations in the hepatic veins must be considered secondary, produced by the continuation of the inflammatory process in the liver to the hepatic veins directly adjacent to the hepatic tissue with their thin walls. *Cohn* collected fifteen cases of thromboses from the cerebral sinus; the continuation of the clots reached in some cases to the place of union of the vena jugularis with the vena subclavia. Although all the relations favored here a retrograde current, and although a low vitality prevailed in all these patients, still only once an hepatic abscess was observed, and then only with simultaneous foci in the lungs; so that most probably the latter produced the former, the foci on the lungs formed the intermediate leak between the thrombi in the head and the metastasis in the liver.

Billroth and *Weber* believe that certain small emboli pass the pulmonary capillaries without detention, inasmuch as there are connecting branches between the art. and vena palm, of a greater calibre than the usual capillaries. At the same time during their circulation in the blood the emboli enlarge by agglomeration of coagula, and finally remain imbedded in the hepatic capillaries. But *Virchow* doubts whether such an agglomeration is possible in flowing blood, and it does not seem probable, that emboli, having hardly space enough to pass the pulmonary vessels, should reach so frequently the art. hep. *Bærensprung* rather considers all such abscesses originating from ichorrhæmia or septicæmia, for it is more than probable that the infection of the blood does not only produce manifold diffuse metastasis, but also circumscript ones, a good analogue of which we find in the variolous and syphilitic poisons. As a proof we need only mention the formation of abscesses found in different organs during an intermittens-cachexia, the extensive furunculosis observed in the convalescence from typhus, in order to show that the various zymotic causes produce similar results in the body, and that we deal here with chemical and not with morphological elements which cause these changes.

Recapitulating now these ætiological causes of hepatic abscesses after injuries of the head, we have: 1) *Simultaneous action of an external force on the hepatic region.* 2) *The action of a contrecoup on the liver from concussion of the whole body.* 3) *Malignant emboli from the extra hepatic branches of the portal vein.* 4) *The same from the pulmonary veins.* 5) *Metastatic localisation of ichorrhæmia and septicæmia.*—*Deutsche Zeitschrift f. praktische Med.*

EXTRAORDINARY CASE OF CONSTIPATION.—T. D. Strong, M. D., of Westfield, N. Y., has published in the *Medical Sciences*, a case of habitual and excessive constipation; eight months and sixteen days between fecal evacuations. The weight of fecal matter at one dejection was approximately obtained. He was weighed just before the movement, and again as soon as he could get to the scales. The difference was forty pounds. The patient is a laborer, and does considerable light work on a farm. Dr. S. observes:—"His abdomen, when loaded, is hard; the diaphragm crowded high in the chest; the colon immensely distended, and traceable like a huge sausage." He is represented as having been under the care of many physicians of all kinds, both intelligent and otherwise, and every imaginable treatment, followed by no permanent benefit.

Lectures.

To *Prof's. Saml. A. Jones,*
and *Jno. C. Morgan.*

ANN ARBOR, Mich., October 15, 1875.

DEAR SIRS:—Desiring to obtain for future reference the Introductory Lectures delivered by yourselves in the opening course of the Homœopathic Medical College of the University of Michigan; and knowing also that many of the friends of the College, throughout the State and elsewhere, are equally desirous of obtaining them, we, the members of the first class of this College, respectfully request that you furnish us a copy of the Lectures referred to for publication.

We have the honor to be,

Your obedient servants,

G. L. HUGHES.	JAS. D. BAKER.	ALEX. McTAGGART.
A. B. AVERY.	A. E. GESLER.	W. F. WHITE.
ALEX. H. ROGERS.	GEO. A. TABER.	W. H. RAND.
J. O. GARMON.	W. DOOLITTLE, JR.	JOHN B. HERSHEY.
J. A. BAKER.	ROLLIN C. OLIN.	JACOB DeCOU.
C. H. DALE.	ERASMUS O. ADAMS.	S. P. ENGLE.
G. W. HODGENS.	O. EUGENE STORY.	JULIET CALDWELL.

ANN ARBOR, October 16, 1875.

LADIES AND GENTLEMEN:

It gives us pleasure to place at your disposal the Manuscripts asked for in your communication of October 15th.

Very sincerely yours,

SAMUEL A. JONES.
JOHN C. MORGAN.

HOMŒOPATHY: ITS NATURE, PURPOSE AND PLACE.

“This properly belongs to the rational part, to consider amidst a number of similar kinds, both of diseases and remedies, what particular medicine ought to be preferred.”

Celsus. Preface to Book 1st.

GENTLEMEN:—It has seemed fitting that upon this occasion we should take a survey of that domain of science upon which you are about to enter. In accordance with the policy of the day, you are matriculated as students of Homœopathic Medicine, and it is because of this distinctive title that I shall now present

for your consideration some thoughts upon — *Homœopathy: Its Nature, Purpose, and Place.*

The Founder of the Homœopathic School affirms that, in carrying out its peculiar method of treatment, three points are to be considered :

“1st. By what means is the physician to arrive at the necessary information relative to a disease in order to be able to undertake the cure?”

“2d. How is he to discover the morbid powers of medicines—that is to say, of the instruments destined to cure natural diseases?”

“3d. What is the best mode of applying these artificial morbid powers (medicines) in the cure of disease?”

Practically, the answer given by Hahnemann to each of these questions is the product of his own genius. Not that these answers were evolved by him *de novo*; not that they are purely philosophical creations of his, but that they result from his extensive literary research, his profound observation, his patient experiment. He worked, if you will, in the quarry of the world's thought, collected and shaped his material, and built an edifice therefrom. By considering the one direction to which these three questions tend, and by changing a pronoun in the one hundred-and-second paragraph of his *Organon*, we may truthfully, and in his own words, claim for him originality.

He says: “I am the first who has pursued this path with a perseverance that could alone result from and be supported by the intimate conviction of *its* great truth.”

Let us consider these three questions and the answers which he gives to them. “By what means is the physician to arrive at the necessary information relative to a disease, in order to be able to undertake a cure?”

On this question he took ground with the early Empirics as against the Methodists; and there are passages in Preface of *Celsus* which he himself might have penned, for instance: “Those, then, who declare for a theory in medicine look upon the following things as necessary: the knowledge of the result and constituent causes of distempers; next of the evident ones; then of the natural actions; and, lastly, of the internal parts. They call those causes occult in which we inquire of what principles our bodies are composed, what constitutes health, and what sickness. For they hold it impossible that any one should know how to cure diseases, if he be ignorant of

the causes whence they proceed ; and that it is not to be doubted but one method of cure is required, if the redundancy or deficiency in any of the four principles be the cause of diseases, as some philosophers have affirmed ; another method, if the fault lie wholly in the humors, as Herophilus thought ; another method, if in the inspired air, as Hippocrates believed ; another method, if the blood be transfused into those vessels which are designed only for air, and occasion an inflammation which the Greeks call phlegmone, and that inflammation cause such a commotion as we observe in a fever, which was the opinion of Erasistratus ; another method, if the corpuscles passing through the invisibles pores should stop, as Asclepiades maintained : that he will proceed in the proper method of curing disease who is not deceived in its original cause.” *

The splendid confusion of such philosophical figments turned his face away from the school of the Methodists, and he cast his influence with, to resume the words of Celsus, “those who from experience style themselves empirics, who, indeed, admit the *evident* causes as necessary, but affirm the inquiry after the occult causes and natural actions to be fruitless, because nature is incomprehensible. And that these things cannot be comprehended appears from the controversies among those who have treated concerning them ; there being no agreement found here either amongst the philosophers or the physicians themselves : for why should we believe Hippocrates rather than Herophilus ; or why him more than Asclepiades ?”

And, in another passage :—“For they [the Empirics] do not affirm that judgment is not necessary to a physician, and that an irrational animal is capable of practising this art, but that those conjectures which relate to the occult things are of no use, because it is no matter what causes but what removes a distemper ; nor is it of any importance in what manner the distribution [of nutriment] is performed, but what is easiest distributed ; whether concoction fails from this cause or that ; or whether it be properly a concoction or only a distribution ; nor are we to inquire how we breathe, but what relieves a difficult and slow breathing ; nor what is the cause of motion in the arteries, but what each kind of motion indicates. That these things are known by experience ; that in all disputes of this kind a good deal may be said on both sides, and, therefore, genius and eloquence obtain the victory in the dispute ; but diseases are cured not by eloquence, but by remedies, so that if a person, without any eloquence, be well acquainted with those remedies that have been discovered by practice, he will be a much greater physician than one who has cultivated his talent in speaking without experience.”

This language will have a most familiar sound to him who is versed in Hahnemann’s writings. Permit me to corroborate this by

* *Celsus*. Greive’s translation, p. 4. London, 1756.

citing the first paragraph of the *Organon* and its accompanying foot note.

"The first and sole duty of the physician is to restore health to the sick. This is the true art of healing."

So much for the text ; now for the note.

"His mission is not, as many physicians (who wasting their time and powers in the pursuit of fame), have imagined it to be, that of inventing systems by stringing together empty ideas and hypotheses upon the immediate essence of life, and the origin of disease in the interior of the human economy ; nor is it that of continually endeavoring to account for the morbid phenomena with their nearest cause (which must forever remain concealed), and confounding the whole in unintelligible words and pompous observations which make an impression on the minds of the ignorant, while the patients are left to sigh in vain for relief. We have already too many of these learned novices which bear the name of medical theories, and for the inculcation of which even special professorships have been established. It is high time that all those who call themselves physicians should cease to deceive suffering humanity with words that have no meaning, and begin to act—that is to say, to afford relief, and cure the sick in reality."

I have indulged in these parallel citations to show you the intensely practical character of Hahnemann's aim ; to intimate the probable nature of his reply to the first of the three questions ; to let you know that the heterodox Father of Homœopathy has most respectably-orthodox prototypes for a *realism* which is as fruitful in its beneficial results as it is severe in its remorseless logic.

This Master of ours answers his first question in this way :

"It may be easily conceived," he writes, "that every malady presupposes some change in the interior of the human economy ; but our understandings permit us to form only a vague and dark conception of this change from a view of the morbid symptoms, which are the sole guide we have to rely upon, except in cases that are purely surgical. The immediate essence of this internal and concealed change is undiscoverable, nor have we any certain means of arriving at it. *Organon*, p. v.

"The invisible substance that has undergone the morbid change in the interior of the body, and the perceptible change which exhibits itself externally (the symptoms), form together, beneath the eye of an all-powerful Creator, that which man calls disease. But the symptoms are the only part of the disease accessible to the physician and the sole indication from whence he could derive any intuitive notion ; they are likewise the principal objects he ought to be acquainted with in order to affect a cure."

I trust you will ponder long before you accept this teaching, and still longer before you reject it. Take in all that Physiology, Pathology, Morbid Anatomy can offer you; follow them to their very latest achievement, and even then, if you are a competent therapist, I defy you to find in this teaching "foolishness" as a finished physician or a "stumbling-block" as a practical one.

With this assertion of my faith—a faith which came not like Jonah's gourd; a faith which I earned while fighting in the dark, trembling, and yearning for light; a faith which I had heartily despised while in the callow greenness of professional goslinghood; a faith which grows clearer and stronger, month by month, when once the vision of the truth has touched the *macula lutea* of the unbiassed-mind—with this avowal, which I owe to the truth, I leave this first of the three questions. Before dismissing it let me say that from Hahnemann's answer to the question we homœopaths deduce this corollary; the totality of the symptoms of a disease infallibly indicate the treatment by therapeutic means, of that disease. By "therapeutic means" I refer solely to drugs.

One word more on this point, namely: the "symptoms" of Homœopathic Medicine of necessity embody the very pre-Raphaelism of observation, for Homœopathy has no Nosology of generic diseases; she recognizes only a *kind* of enteric fever, a *kind* of hepatitis, a *kind* of Morbus Brightii, and when the physician neglects to individualize at the bedside, not all the Universities in the Universe can make him then there a "homœopath."

Turn we now to the second question:

"How is the physician to discover the morbid powers of medicines—that is to say, of the instruments destined to cure natural diseases?"

In the one hundred-and-second paragraph of the *Organon* Hahnemann replies:

"There is no safer or more natural method of discovering the effects of medicines on the health of man, than by trying them, separately and singly, in moderate doses, upon *healthy* individuals, and observing what changes they create in the moral and physical state, that is to say, what elements of disease these substances are capable of producing: for * * * the entire curative virtues of medicines depend solely upon the power they have of modifying the state of health."

This question and answer call for no comment farther than to say that orthodox medicine is to-day working out its own salvation "on this line." Yes, the stone which the builders refused is now the key-stone.

The last question :

"What is the best mode of applying these artificial morbid powers (medicines) in the cure of disease?"

This Hahnemann answers in the last part of the sixty-sixth paragraph of the *Organon* :

"The third method [of cure], the only one to which we can still have recourse (the homœopathic), which employs against the totality of the symptoms of a natural disease a medicine that is capable of exciting in a healthy person symptoms that closely resemble those of the disease itself, is the only one that is really salutary and which always annihilates disease, or the purely dynamic aberrations of the vital powers in an easy, prompt, and perfect manner."

I contend that in these three questions and answers we find all that signalizes the Nature of Homœopathy. So far as we have gone we have not transcended the bounds of experimental research; we can refer every conclusion to its premises; we can make a demonstration of the whole.

Of the three points to be considered in the practical application of Homœopathy, I know that only the second has at this late day found acceptance with the dominant school of Medicine; but their own Haller taught them this in 1771, and if a truth can penetrate them in only one hundred and four years, I presume they will attain to the others in due time. Meanwhile we can wait contentedly, remembering that, in its Nature, Homœopathy strictly conforms to every principle of Bacon's inductive philosophy.

Let us now consider the Purpose of Homœopathy.

"As agriculture promises food to the healthy, so medicine promises health to the sick." Thus reads the first period in Celsus, and only a page or two farther on the same author says, "that branch of medicine which respects the cure of diseases is the noblest." Remembering the opening paragraph of the *Organon*: "The first and sole duty of the physician is to restore health to the sick," we find that our master shared fully in the Celsian conception of the true purpose of medicine, namely: the ultimate of the Science should be the perfecting of the Art.

Now, you will have observed that in defining the nature of Homœopathy I availed myself of its practical features to the exclusion of all which is purely speculative. When Hahnemann deals with phenomena which are by experiment accessible to you and to me, I can reject his testimony only when it conflicts with the results of my own experiments carried out as he directs. So far then as Hahnemann states phenomenal facts, I accept him; but when he essays to explain phenomenal facts there is no canon in philosophy or science to compel my assent. Hence it is that I consider the essential nature of Homœopathy to pertain to the art as Practice rather than to the Science as Theory. Hence it is that I say in the very words which Hufeland used nearly fifty years ago: "Homœopathy is worthy of consideration and is not to be rejected, but to be made use of as a *peculiar* method of treatment, subsidiary to the higher principles of rational medicine."

"This," he continues, "I am as firmly convinced of as I am of my first proposition, and I feel it due to the truth I honor to say so. Without entering on a consideration of how much the diet or the infinitesimal doses of the medicines may have to do with the cure—it cannot be denied, and I am perfectly convinced not only by the observations of others, but by my own experience, that homœopathy has frequently been successful, sometimes most strikingly so, and that after the fruitless employment of other powerful methods of treatment."

"It is *the cure of the disease itself*, effected by means of the simple principle, *similia similibus*, the similar disease by the similar remedy, and it cannot be denied that it testifies to a deep insight into organic nature, which Hahnemann has attained, and which he has pursued and developed to its fullest extent. Highly meritorious are the labors of the homœopaths in ascertaining more completely and establishing more carefully the effects of medicines, in distinguishing the proximate from the remote and the secondary action. We are already indebted to them for many valuable discoveries on these points, and we shall rejoice to obtain still more."*

* It is "in order" to contrast this opinion with the following: "Enemies to true science we are obliged to consider the members of this homœopathic fraternity." Prof. A. B. Palmer, M. D., *Four Lectures on Homœopathy*, p. 91, Ann Arbor, Mich., 1869.

The association of ideas brings to memory another opinion which will bear quoting: "Upon the whole, Hahnemann's book is an original and interesting one, and displays more reflection in every page than many of his decriers will evince in the whole course of their life and conduct for half a century." *Fletcher*, *Elements of General Pathology*, p. 493, Edinburgh, 1842.

But these words of the Nestor of German Medicine do not outline the whole purpose of Homœopathy. As “a peculiar method of treatment” it would be fulfilling only half of its function, and Hufeland, in the same essay, has stated the other and larger half: “The peculiar and most important problem for Homœopathy is, *to search for and to find new specific medicines.*”

In this double duty I am content to place the purpose of Homœopathy. You remember Dr. John Brown’s felicitous rendering of the Virgillian *Arma virumque*—*Tools, and a man to use ’em!* Read it, *Tools, when, where, and how to use ’em*, and you have got it to the dot over an i.

By the way, bear in mind that Homœopathy has specific medicines only for specific conditions. I state this because Hufeland and Hahnemann do not use the word specific in the same sense, and I do not desire to inculcate a false conception.

Having glanced at the nature and the purpose of Homœopathy, let us consider its place. First of all let us look about and see if there be a place for it. If we regard it as coming solely from Hahnemann, it is not yet one century old, and since its birth more than one system has demanded a “place,” and found its “place” as a rocket-like corruscation that fizzed and flared a moment in the dark, and left its record in a little stick and a large stink.

A while ago when we read the Celsian outline of ancient Methodism, and Empiricism, did it not occur to you that the loins of those early physici had been fruitful; that to-day we find in the dominant school Methodists and Empirics modified somewhat in theory by modern Medical Science, but in practice, “the noblest branch of medicine,” worthy scions of most worthy sires?

In enquiring, then, if there be a place for Homœopathy, we must first find what the Methodism and Empiricism of “twice a thousand years” have done for “that branch of medicine which respects the cure of diseases.” In this examination we will exclude the testimony of homœopaths as *ex parte*; we will call only two witnesses—both of them devout followers of *the divine old man of Cos*—one of whom, after a life of singular usefulness, went to his reward as ripe in honors as in years; the other just in the beginning of a career

which promises to make his profession richer and better because he labored in it.

The first witness, Sir Thomas Watson,—Baronet by the grace of Queen Victoria : the “Cicero of British Medicine” by the verdict of his peers—gave his evidence in an inaugural address on the occasion of the founding of the *Clinical Society of London*. Let me read it from their *Transactions* so that no slip of the transcriber’s pen may add to, or subtract one jot or tittle from the words of the master.

“Reluctant as I not unnaturally am to assume at my time of life any fresh duties or obligations, I yet must confess that I have extreme satisfaction and pleasure in accepting at your hands this new office; for the society which we are founding to-night seems to me well calculated to bring about that which, in my judgment, is the thing most needful at present among us. I mean, more exactness of knowledge, and therefore more direct and intelligent purpose, and more successful aim, in what is really the end and object of all our labors—the application of remedies for the cure or relief of disease. Certainly, the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics. The coarser anatomy of the human body is sufficiently well known. Its material pathology, also, under the auspices especially of a sister society, has been, I will not say completely, yet very amply and fruitfully ransacked by the diligent scrutiny and study of the dismal but instructive revelations of the dead-house. I say its material pathology: for the condition of doctrinal pathology must necessarily partake of whatever imperfection may be found in the correlative science of physiology. Again, we have attained to a great degree of certainty in the detection and discrimination of disease in the living body. We know tolerably well what it is that we have to deal with; but we do not know so well—nor anything like so well—how to deal with it. This is more true, no doubt, in the province of the physician, than in that of the surgeon; but it is lamentably true in both provinces. We want to learn distinctly and clearly what is the action of drugs and of other outward influences upon the bodily organs and functions; for every one, now-a-days, I imagine, acknowledges that it is only by controlling or directing the natural forces of the body, that we can reasonably hope to govern or guide its diseased actions. To me it has been a life-long wonder, how vaguely, how ignorantly, how rashly, drugs are often prescribed. We try this; and, not succeeding, we try that; and baffled again, we try something else; and it is fortunate if we do no harm in these our tryings. Now, this random and hap-hazard practice, whenever and by whomsoever adopted, is both dangerous in itself, and discreditable to medicine as a science. Our profession is continually fluctuating on a sea of doubts about questions of the gravest importance. Of this the evidence is plentiful and constant. Let me substantiate what I am now saying by one or two glaring instances. Within our own time the old—and as might have been hoped, obsolete—controversy

"between the Cullenian and Brunonian schools has been revived in all its former extravagance. Many who are here to-night can recollect the period when blood-letting was reckoned the 'summum remedium' against, at least, all forms, or most forms, of inflammatory disorder; which was to be starved out also by the strict enforcement of what was called the antiphlogistic regimen. At present, there are many, I believe, who hold that to deprive a patient of an ounce of his blood is to sap his strength, and to aggravate his danger; and that, for all ailments, brandy is the grand and easy panacea. One generation extols mercury as the sole and unfailing remedy for syphilis; the next attributes all the worst evils of that hateful disorder to the very mineral that had been administered for its cure. Even now, at this present time, a hot contention, of most weighty import, fills the air around us upon the question whether, when cholera is present in the community we should treat the diarrhœa, presumed to be the prelude or the commencement of cholera, by opium and astringents, to check the discharges from the bowels, or by castor oil to promote them."

"I say this uncertainty, this unseemly variation and instability of opinions, is a standing reproach to the calling we profess. It has shaken the faith of many men, of men both able and thoughtful, and driven them to ask themselves whether any kind of medication, other than the 'vis medicatrix naturæ,' is of any real efficacy or value. Well! this is one of the questions which it will be competent for the Clinical Society to settle."

"In order to clear the ground for correct observation and in order to the avoidance of fallacies in observing, it is most desirable, when it can be done without harm or known hazard to the sick, to learn, respecting all distinct and recognized forms of disease, what would be their course, what their tendencies, what their results, if left to themselves, and submitted to no kind of remedial treatment whatever; to ascertain, in a word, what it has become the fashion to speak of as the natural history of disease. For this purpose, again, the Clinical Society may be expected to furnish help."

"Truly, there are diseases in which it seems to be our main business to stand by and look on, to see that nature has fair play, that the patient has the requisite advantages of rest, and warmth, and pure air, and proper food, and no more; to watch his recovery, not to attempt his cure. Probably, all the specific fevers, that run a definite course, are of this kind. Medicine needs to step in only to redress some untoward deviation from that regular course, or to facilitate and fortify the natural recuperative efforts. But there are innumerable other disorders, for which rest and warmth, and a pure atmosphere, and a well-adjusted diet, are not sufficient. There are cures as well as recoveries, and there are remedies that are equal to the cure. Still, of therapeutics as a trustworthy science, it is certain that we have, as yet, only the expectation. The influence of drugs upon the bodily conditions of health and disease is indeed most real, and most precious to us; and some of them we have learned, in our contests with disease, to wield with much confidence and success. Who can doubt the efficacy of opium and of anæsthetic vapours in blunting the sensibilities of the body, and so quelling pain? No one questions the marvellous power of quinine to stop malarious

“fevers and other periodic complaints, or of the iodide of potassium to eliminate from the body, apparently by first dissolving them, certain poisonous or hurtful elements. The rough yet sanative effects of emetic and purgative drugs are notorious to all. But there is a host of other known or reputed remedial substances—to say nothing of a further host no doubt hitherto unthought of and unessayed—about which our practical knowledge is very loose, imperfect, and even misleading. Concerning the peculiar virtue and specific agency of each and of all these, present and to come, we want sound and multiplied experience. There is no other way. The required knowledge must needs be gathered empirically, and by many hands. And as there are many drugs and medicaments yet unproven, so there are also many shapes of diseases of which the true nature and origin are still disputed or doubtful. Of all these matters will this Clinical Society, if I rightly apprehend its scope and purpose, take cognizance. Full and faithful descriptions, brought before it by competent and accurate observers, of the symptoms, circumstances, and progress of disease in the living body, and of its behavior under treatment by medicines prescribed with singleness and simplicity, and a definite aim and object, or sometimes, it may be, of its behavior under no treatment at all; authentic reports of trials with medicinal substances upon the healthy human body; contributions of this order, multiplied in number, compared together, contrasted, sifted, and discussed by a variety of keen and instructed minds—of minds sceptical in the best and true sense of that word—must lead at length, tardily perhaps, but surely, to a better ascertainment of the rules, peradventure to the discovery even of the laws, by which our practice shall be guided: and so bring up the therapeutic department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this. And I think I do not entertain an extravagant expectation of the results of the formation of this society, when I express my belief that, if wisely and strictly managed, it will hereafter be spoken of as the starting-point of a vast and solid improvement in that which is our special office in the world, the scientific and intelligent exercise of the divine art of healing.”

O brave old workman, destined to fight death in the dark for a lifetime, believing in a land of promise that should one day be reached, but never permitted to mount a Pisgah, and feast his hungry eyes with the sight thereof!

We find our next witness in Prof. H. C. Wood, the able author of the latest “Treatise on Therapeutics.” Let us cite a page or two of his Preface:

“The old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience. As stated by one of its most ardent supporters, the best possible development of this plan of investigation is to be found in a close and careful analysis of cases before and after the administration of a remedy, and, if the results be favorable, the continued

"use of the drug in similar cases. It is evident that this is not a new path, "but a highway already worn with the eager but weary feet of the profession "for two thousand years.

"That very much has been thus accomplished it were folly to deny. "Leaving out of sight the growth of the last two decades, almost all of the "current therapeutic knowledge has been gained in this way.

"Therapeutics developed in this manner cannot, however, rest upon a "secure foundation. What to-day is believed is to-morrow to be cast aside, "certainly has been the law of advancement, and seemingly must continue to "be so. What has clinical therapeutics established permanently and indis- "putably? Scarcely anything beyond the primary facts that quinia will "arrest an intermittent, that salts will purge, and that opium will quiet pain "and lull to sleep.

"To established therapeutic facts the profession clings as with the heart "and hand of one man—clings with a desperation and unanimity whose "intensity is the measure of the unsatisfied desire for something fixed. Yet "with what a Babel of discordant voices does it celebrate its two thousand "years of experience!

"This is so well known that it seems superfluous to cite examples of the "therapeutic discord; and one only shall be mentioned, namely, rheuma- "tism. In this disease, bleeding, nitrate of potash, quinine, mercurials, flying "blisters, purgation, opium, the bromides, veratria, and a host of other reme- "dies, all have their advocates clamorous for a hearing; and above all the "tumult are to be heard the trumpet tones of a Chambers, 'Wrap your "'patients in blankets and let them alone.'

"Experience is said to be the mother of wisdom. Verily she has been "in medicine rather a blind leader of the blind; and the history of medical "progress is a history of men groping in the darkness, finding seeming gems "of truth one after another, only in a few minutes to cast each back to the "vast heap of forgotten baubles that in their day had also been mistaken for "verities. In the past, there is scarcely a conceivable absurdity that men "have not tested by experience, and for a time found it to be the thing "desired; in the present, homœopathy and other similar delusions are "eagerly embraced and honestly believed in by men who rest their faith "upon experience.

"Narrowing our gaze to the regular profession and to a few decades, "what do we see? Experience teaching that not to bleed a man suffering "from pneumonia is to consign him to an unopened grave, and experience "teaching that to bleed a man suffering from pneumonia is to consign him to "a grave never opened by nature.* Looking at the revolutions and contra "dictions of the past, listening to the therapeutic Babel of the present, is it a

* Of course, Prof. Wood speaks for the law-less "experience" of "the regular profession." "Regular," it is to be presumed, solely because its practice is so splendidly irregular—so devoid of all rule!

"Instance," says Audrey, and desiring to obey I cite a paragraph from Hufeland's somewhat-celebrated essay on Homœopathy:

"But this one-sidedness of views, this narrow-mindedness, may be productive of "the most deplorable, indeed, the most fearful results, when we have to do with danger-

"wonder that men should take refuge in nihilism [Not a bit of it.—S. A. J.]
 "and like the lotos-eaters, dream that all alike is folly—that rest and quiet
 "and calm are the only human fruition."

And a little farther on we have the following :

"Evidently, it is his (the therapist's) especial province to find out
 "what are the means at command, what the individual drugs in use do when
 "put into the human system. ['Scientific medicine' has gone 2,000 years
 "without this finding out.] *It is seemingly self-evident that the physiological*
"action of a remedy can never be made out by a study of its use in disease. *

" * * * * *

"In spite, then, of Dr. Niemeyer's assertion, that experiments made with
 "medicaments upon the lower animals or upon healthy human beings have,
 "as yet, been of no direct service to our means of treating disease, and that a
 "continuation of such experiments gives no prospect of such service, *it is cer-*
"tain that in these experiments is the only RATIONAL SCIENTIFIC GROUNDWORK
"FOR THE TREATMENT OF DISEASE. WE MUST DISCOVER WHAT INFLUENCE
"A DRUG EXERTS WHEN PUT INTO THE BODY OF A PATIENT BEFORE WE
"CAN USE IT RATIONALLY; AND WE CAN GAIN THIS COVETED KNOWLEDGE
"ONLY IN THE METHOD INDICATED."

"A Daniel, a second Daniel"—but let us look at dates. And just here a foot-note in the first English edition of Hahnemann's *Organon* is appropriate. To be more lucid I will first cite that paragraph of the *Organon* which the foot-note was written to elucidate.

"Thus there is no safer or more natural method of discovering the effects
 "of medicines on the health of man, than by trying them separately and
 "singly, in moderate doses, upon healthy individuals, and observing what
 "changes they create in the moral and physical state; that is to say, what
 "elements of disease these substances are capable of producing; for as we
 "have before seen the entire curative virtues of medicines depend solely upon
 "the power they have of modifying the state of health."

"ous cases, with diseases of rapid course and threatening a fatal issue, and generally
 "when the object is to *save life*. How I wish my feeble voice could be heard like thun-
 "der! What, in the case of chronic, not dangerous cases, may be a permitted, tempo-
 "rizing, indifferent, easily-remedied treatment, in such cases becomes a *crime*. He who,
 "out of fanatical regard for his mode of treatment, when life is at stake, neglects to use
 "the remedies which a thousand years' experience has proved to be the best; he who,
 "for example, *omits* blood-letting when the patient is in danger of being choked in his
 "own blood, in cases of pneumonia, apoplexy, encephalitis, and generally in inflamma-
 "tions of important organs, and death or some chronic incurable disease ensues—such a
 "one has a heavy sin upon his conscience, which, if he do not immediately feel it, will
 "some day weigh fearfully upon him, when the intoxication of fanaticism shall have
 "passed away—such a one is doomed by justice to punishment, if not before an earthly,
 "yet certainly before a higher tribunal; for he is a murderer by omission of duty, just as
 "much as he who sees his neighbor in danger of drowning and refuses to pull him out
 "of the water."

Then came Dietl with his pure do-nothing-ness-treatment of pneumonia, and he showed a percentage of recoveries far exceeding that of any "regular" treatment. Of course, from Hufeland's standpoint this was "a *crime*." The "scientific medicine" of to-day places this "crime" in bleeding for pneumonia. Meanwhile, what says homœopathic experience? Only that having *principles* the practice remains more fixed than the pole-star—it is to-day what it was when Hufeland sighed for a voice "like thunder." This looks like the precision of a science.

And then follows the foot-note :

"In the course of twenty-five centuries no physician that I know of, except the immortal Haller, has ever thought of a method so natural, so absolutely necessary, and so perfectly true, as that of observing the pure effects of each medicine individually, in order to discover, by that means, the diseases they were capable of curing. Before me, Haller was the only one who conceived the necessity of pursuing such a plan (See the preface to his *Pharmacopœa Helvet. Basil, 1771, p. 12*). '*Nempe primum in corpore sano medela tentanda est sine peregrina ulla miscela; odoreque et sapore ejus exploratis, exigua illius doses ingerenda et ad omnes, quae inde contingunt, affectiones, quis pulsus, quis calor, quae respiratio, quænam excretiones, attendum. Inde ad ductum phaenomenorum, in sano obviorem, transeas ad experimenta in corpore aegroto, etc.*' But no physician has profited by this invaluable advice, no one has paid the slightest attention to it."

As Hahnemann and his followers were the first to pay "attention to it," why are not they the representatives of "scientific medicine"—a phrase which I hear much mouthed in this vicinity! These eleventh-hour conversions are suspicious, still, "while the lamp holds out to burn," etc., etc.

Evidently, there is a "place" for something, and that something is a *science of Therapeutics*. Is Homœopathy this? It is this, *and this only*.

I know that many of my best and dearest professional friends will dissent from this limitation of the *place* of Homœopathy; but the tree is known by its fruits, and what fruit has Homœopathy brought into the store-house of Medicine? Well, as a homœopath, I am ready to relinquish every one of Hahnemann's hypotheses concerning disease—they are no worse than a hundred others; they are so little better that you may have them for the asking—but in his *Materia Medica and Therapeutics* he has met the "unsatisfied desire" of two thousand years and given it the fullness of "something fixed."

I have called it a science. If a science it has law. Law can predict the sequences of phenomena; Chance stumbles upon such a prediction. As a science guided by law, Homœopathy, having made its pathogenetic demonstration upon healthy organisms, can tell, does tell, and forever will tell *what, where* and *when* a drug will cure. Will such a capacity be attained by the latter day studies of the essential nature of disease, of the so-called physiological action of drugs?

The temple of Hufeland's "rational medicine" is very old; there be chinks in its venerable walls, and holes in its hoary roofs, and these let in not only wind and rain but also light. One bright beam now illumines the cobwebs—it is Haller's great truth that the "action" of a drug must be determined by its effects upon the healthy organism. When this is followed by those other truths, the "totality of the symptoms," that is, a deranged and strictly individual organism to be treated, not a scholastic conception labeled with a nosologist's ticket, and *similia similibus curentur* to determine the remedy, then, and then only, will Rational Medicine wear the crown of Rational Therapeutics.

"But," say you, "where is the Place of Homœopathy?" Its place now is in keeping its golden lamp trimmed and burning; its place then will meetly be in the sweet consciousness of simple duty truly done.

In that day I would not ask that the name for which we are now despised and rejected should be perpetuated, but for the sake of all that is just I should hope all physicians would say: "In the matter of the *Materia Medica*, we must all acknowledge that among them that are born of woman there hath not arisen a greater than Samuel Hahnemann."*

* Dudgeon's *Lectures on Homœopathy*, p. 241.

UNIVERSITY OF MICHIGAN, HOM. MED. COLLEGE, }
November 1st, 1875. }

Editor of *Observer*:—I have the honor to acknowledge the receipt of the first contribution towards a Museum from S. N. COONS, M. D., of Marshall, Michigan.

The doctor's donation is a female foetus of seven months, showing an exaggerated arrest of development in the whole posterior length of the vertebral column; a full description will be published so soon as other duties will permit an exhaustive examination.

The doctor's thoughtfulness commends itself to every homœopathic physician in the State; and if he finds imitators a creditable Museum will soon be developed.

While tendering hearty thanks to the first donor, I crave your permission to acknowledge all future contributions in your columns.

In donating morbid products, I desire to ask that a succinct history may be sent with the specimen, for entry in the *Ms. Catalogue* of the Museum, as by this means the collection will be of value to all professional visitors.

Where a practitioner does not wish to part with any pathological rarity, a small section, for a microscopical mounting, is earnestly solicited.

Very sincerely yours,

Nov. 1st, 1865.

SAMUEL A. JONES, M. D., Dean.

N. B. Contributions from without this State will come with a two-fold graciousness.

Personal Notices, Etc.

PERSONAL.

CULLIS.—As we go to press we receive the Eleventh Annual Report of the Consumptives Home and other Institutions connected with the work of faith under charge of our esteemed friend Charles Cullis, M. D. We rejoice at the prosperity which attends his noble efforts, and shall take delight in giving this report an extended review hereafter.

MORGAN.—Our January number will contain the Introductory Lecture of Prof. John C. Morgan, in the Homœopathic College of the University of Michigan. Subject: "*The Claim of Homœopathy to a Place among the Sciences.*"

SPRANGER.—A Detroit Daily of November last said: Next week the family of Dr. F. X. Spranger will start for Florida, which State they will make their future home. He will *hurry* after them in about two years.

TAPPAN.—Letters have recently been received from Dr. Tappan to the effect that he intends to be present at the annual commencement of the University of Michigan in June next.

MARITAL.

BACON-READ.—On Wednesday, December 15, 1875, at Columbia, Missouri, Charles Austin Bacon, M. D., to Mary Brice Read, daughter of President Daniel Read.

TEBO-HYDE.—On October 28th, in St. Mathew's P. E. Church, Philadelphia, by the Rev. D. Otis Kellogg, L. D. Tebo, M. D., of Bordentown, to Lizzie A. Hyle, daughter of the late Louis C. Hyle, of Philadelphia.

HOFFMEIER-WALTER.—On October 7th, in the Reformed Church, Bloomsburg, Pa., by Rev. S. F. Hoffmeier, Dr. Richard L., youngest son of the late Rev. J. W. Hoffmeier, of Manchester, Md., to Miss Mary Agnes, youngest daughter of Wm. Walter, Esq., of the same place.

REMOVALS.

KIMBALL, Dr. Frank B., from E. Somerville to Andover, Mass.

LITTLEFIELD, Dr. J. J., from Auburn, Ind., to Adrian, Mich.

MOORE, Dr. J., from Liverpool, England, to San Francisco.

POMEROY, Dr. T. F., from Detroit, Mich., back to Baltimore, Md.

SHEPARD, Dr. W. F., from Andover, Mass., to Bangor, Me.

ERRATA.—On page 267 tenth line from top for three or three-fourths read *about one and three-fourths*; and twelfth line from top for 18 grains read 8 grains. On page 266, third line from bottom, for 3 j read 3 ss.

PREJUDICE GIVING WAY.—An Albany paper says: "At the recent election of officers to represent the senior class of the Medical Department of Union University, Mr. N. Emmons Paine was elected Valedictorian, and Mr. T. L. Perry, Essayist. Both gentlemen (homœopaths) belong here, and we are glad to record their success, which has been won by honest merit." This is the first instance in an Allopathic Medical College.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, CORNER THIRD AVENUE AND TWENTY-THIRD STREET.—Report for the year ending September 30, 1875. Number of Prescriptions, 28,401; number of new patients, 3,898; number of patients resident in the hospital, 135; average daily attendance, 94; largest daily attendance, 183.

Report for the month ending October 31st, 1875. Number of prescriptions, 2,467; number of new patients, 307; number of patients resident in the hospital, 30; Average daily attendance, 95; largest daily attendance, 145.

ALFRED WANSTALL, M., D., Resident Surgeon.

BOOK NOTICES AND REVIEWS deferred until January number.

PAST AND FUTURE.

We close the 144th number of this Journal with grateful thoughts. We have printed twelve numbers each year for twelve years. Twelve able colleagues have assisted us, and as a result of our combined efforts we have Twelve Volumes, averaging 575 pages each; in the aggregate seven thousand octavo pages. We are building a monument which belongs to Homœopathy. The Homœopathic profession *called for this publication and have sustained it* Month by month they have furnished the materials, and the edifice, so far as erected, is theirs. Patient toil and persevering effort have laid a good foundation, and the superstructure that shall honor our cause will be built.

Our service has been a labor of love from the first day. We never expect to weary of it. Neither business or sickness have prevented our labor a single month. With renewed health and vigor, and less of business cares, we hope to make our volume for the *Centennial Year* excel every previous issue. We have been most nobly sustained by the profession in every part of our country, and the interest that our European readers have taken in our work is increasing. Our best writers will continue with us, and the names of new authors will be given in our January issue. Cash subscriptions for 1876 are already coming in, and we commence our labor of the New Year with encouragement on every hand.

A large proportion of our readers have been with us from the issue of the first number. We trust that our monthly visits will be as welcome in the future as they have been in the past.

A number of *new* subscribers have been recently added to our list. While we are working to make a Journal in every way worthy of their support, we ask them to help us in extending its advantages to as many other new subscribers as they can obtain for us.

A few on our list have not yet paid for this year, we ask them in remitting to send pay for next year also; and all our friends will please to remember that the safest remittances are by postal orders or registered letters. We send the Observer free of postage and without any increase in price, and ask the favor of prompt pay.

Timely and Truthful—Practical and Progressive—The AMERICAN OBSERVER will continue its course, ready to encourage every practicable effort, and as ready to frown fearlessly upon quackery in whatever guise it may show itself. We trust that our friends will recognize our earnest endeavor to make this publication merit their continued support.

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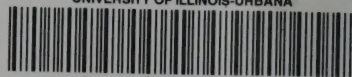
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